

# THE ALKALOIDAL CLINIC

Vol. 5.

JULY, 1898.

No. 7.

A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

DR. W. C. ABBOTT; DR. W. F. WAUGH.

ADDRESS

**THE ALKALOIDAL CLINIC,**  
Ravenswood P. O., CHICAGO.

#### SUBSCRIPTION PRICE:

United States and Canada, \$1.00 per year in advance.

Single Copies, 10 cents.

Four years for \$3.00 cash in advance.

Foreign (Postal Union) 50 per cent additional.

Chicago subscribers must add 25 cents for carrier postage.

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**QUESTIONS** of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

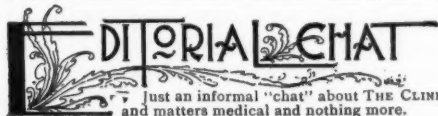
**OUR AIM** is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE.

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Watch your wrapper; when it changes to pink it means that your paid-in-advance subscription has expired and that a renewal is in order. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about **THE CLINIC** and matters medical and nothing more.

#### DENVER AND THE A. M. A.

It will be a long time before the name of Denver ceases to bring up pleasant memories before us. The recent meeting of the American Medical Association was a memorable one in many ways. First, we must give our tribute to the royal hospital-

ity of the Denver people. For a year they had been preparing to entertain the doctors and their wives, and they surely did it, with all the intelligence of plan and thoroughness of execution that characterize the men of the West.

The trip over the Chicago & Northwest-ern was all that could be asked; comfortable quarters, smooth traveling and attentive service, excellent fare in the dining car, and the agreeable company of doctors and still more of their wives from the cultured East and the great West.

Nor can we omit a word of praise to the Denver hotels, where the same courtesy and attention to the needs of the guests prevailed. We speak of our personal experience at the St. James, on whose register our names will be inscribed when next we visit Denver.

The arrangements for the visiting ladies were especially commendable. The trolley trip entitled "Seeing Denver" was an idea that might well be adopted in other cities. The receptions and excursions were such as ladies appreciate.

The dinner to the Medical Editors' Association was "lively"; but we can aver truthfully that the spirits in evidence were animal rather than alcoholic, for the fun commenced with the clams and not after the coffee. Before the fish had been discussed the Northern men were singing "Dixie," and the Southerners were "Marching through Geo'gia," while cheers and rebel yells mingled harmoniously and every voice took a tinge of pathos from the "Old Folks at Home."

Of the many excursions and receptions that to the Loop deserves special mention. From beginning to end it was a marvel of executive ability displayed by every one

of the numerous persons engaged in it. The citizens of the little town of Idaho Springs had provided lunch for 1200, and were visited by 1700; and yet every one was cared for, the last equally as well as the first. Your editor can bear testimony to that rarity in such affairs, the excellent coffee served on that occasion. Of the scenery about that town, the wonderful Loop, Silver Plume, the Horseshoe, the red faces of the mountaineers as an object lesson as to the effect of mountain air in anemia, the Garden of the Gods, Pike's Peak, Manitou, Colorado Springs, Cheyenne Canon, the Seven Falls, etc., are they not indelibly imprinted upon our memories?

The scientific work of the meeting was above the average. Everyone keeps his best for this occasion. Naturally, the subject of tuberculosis was prominently pushed forward. Murphy contributed the sensation of the meeting with his bold proposal to attack the lung surgically and bathe the diseased tissues in nitrogen. Whittaker delivered his address effectively. He grows somewhat arbitrary with years; and extreme views are always more striking than conservative ones, especially when delivered from the rostrum. He still has faith in tuberculin, advocates the rectal administration of blood, and goes right up to nuclein, where he stops.

The climatological treatment of consumption was not as thoroughly discussed as it should have been, even by the Colorado physicians who have had such exceptional opportunities for its study.

Your editor was honored by a place on the Executive Committee of the Association, and had an opportunity to study the internal workings of this great body. An incredible amount of work is done by this committee, and time thereby saved. And this is an item; for when 1,500 doctors come together from thousands of miles for four short sessions, an hour's time spent over an unnecessary discussion is a heavy

loss. For instance: A resolution was offered asking the Association to appoint a committee to revise the school-books on anatomy, physiology, chemistry and hygiene; detect errors and correspond with authors and publishers with a view to having them corrected.

Very laudable on its face, but just see what it would involve. Is there any one man in America whose word on any one of the four topics would be accepted as final by the other experts in that branch? The highest order of talent in existence could not produce a work whose statements would be unquestioned. And to do such a work would require the entire time of such experts; and who is to pay for it? Ten thousand dollars a year would not begin to pay the cost. No relations exist between the Association and publishing houses that would render the verdict of the committee authoritative.

The committee decided that such a duty was outside the function of the Association and the general meeting confirmed the finding with a roar of approbation. And this was but one of fourteen propositions considered at a single sitting of the committee. How much time was saved to the Association by this means could hardly be estimated.

The Association of Medical Colleges made two important advances, viz.: the adoption of its standard by the American Medical Association as governing its own membership and the accession of the Southern colleges. The Illinois Medical College joined the Association.

The elevated character of the climate here was everywhere in evidence, perhaps nowhere more than in the statements of the cicerone, who told us that from the Clear Creek Canon mines one hundred thousand millions had been taken (he judiciously neglected to specify of what), and of the train boy who announced that the fleet had blown thirteen Spanish warships 272 feet in the air and riddled them with

shells on the way down. Possibly a suspicion of this may have gotten into the statistics of consumptives cured by Colorado air, but we hope not. We want to believe it all so much.

The post office, bureau of management and pharmaceutical exhibit were located in the Gettysburg building. Business was transacted *cito, tuto et jucunde*, in every department.

Among the numerous handsome exhibits were our old friends the Maltine Company, John Wyeth & Bro., Metcalf, Mellier, and Searle & Hereth. Mellier presented visitors a fine picture designed for the doctor's office. C. Bischoff & Co. called attention to the merits of Kryofine, a new candidate for favor. The Imperial Granum Co. had a handsome exhibit. Prof. Neiswanger looked after the fine exhibit of static machines from the McIntosh Company. One of the prettiest souvenirs was that presented by Smith, Kline & French Co., who are handling Eskay's Albumenized Food, an article well worth investigating.

And the same may be said of Antiphlogistine, Denver's own and only representative in the exhibit. This will be found a useful application, distinct in some respects from the plasters and the ointments, and possessing advantages over both.

Parke, Davis & Co. were actively represented by Dr. Whitmore. The Doliber-Goodale Co., Fairchild Bros. and Foster, E. Fougera, Keasbey & Mattison, who have not lost interest in matters medical, though they have been coining money out of their magnesia covering for steam pipes, the Londonderry Lithia Co., the Oakland Chemical Co., W. B. Saunders and J. B. Lippincott of the book publishers, the Trommer Malt Extract Co., Dr. Upjohn, with his famous pills that won't go through a pine plank, and many others, were present to ask physicians' attention to the best and newest in their respective lines.

A very pretty exhibit was that of the Schieffelin house, though we missed Mr.

Livingston. However, Mr. Gardner was there, looking better than we ever knew him, and evidently needing neither hydriodic acid nor hypophosphites.

Several other really handsome exhibits were present, but seemed to have nobody in charge; as in a dozen visits to the room the writer found them always unattended. If no special note of their merits appear, we must believe that the representatives had talked themselves to a standstill, and had gone out to see an acquaintance or, in the phraseology of that region, to irrigate.

The attendance exceeded all expectations, the registration reaching 1,600. In the absence of President Sternberg the chair was gracefully filled by First Vice-President Joseph M. Mathews of Kentucky.

The following officers were selected for the ensuing year:

President, Joseph McDowell Mathews of Louisville, Ky.; first vice-president, W. W. Keen of Philadelphia, Pa.; second vice-president, J. W. Graham of Denver, Colo.; third vice-president, H. A. West of Galveston, Texas; fourth vice-president, J. E. Minney of Topeka, Kansas; secretary, William B. Atkinson of Philadelphia, Pa.; treasurer, Henry P. Newman of Chicago, Ill.; members of the board of trustees, Alonzo Garcelon of Maine; I. N. Love of St. Louis, Mo.; H. L. E. Johnson of Washington, D. C.; X. C. Chappel of Boston.

And so we leave the subject, with the injunction upon our readers, one and all, to begin now to lay by the dollars for next year's meeting, at Columbus, when we will all go and see whether the coming Presidents can keep up to the pace set by the Coloradoans.

Deafness, giddiness and tinnitus may be caused by hyperemia or by anemia. Amyl nitrite or glonoin relieves anemia and increases hyperemia.

### HIGH ALTITUDES.

It has been shown that the red blood corpuscles increase in number as the elevation above the sea-level increases. The beneficial effects of Denver as a home for consumptives may depend partly upon this fact, but it is probable that more of the benefit is attributable to the purity of the air, its freedom from dust and microbes, and especially upon the tendency to physical activity produced by the light air. By this the patient is encouraged to spend more time outdoors; exercise is more of a pleasure, and finding this to be the case he plucks up hope and concludes to make another trial for life.

It is a good general rule to send anemic cases to the mountains and plethoric people to the seashore.

But in these investigations the white blood-corpuscles have not been taken into account; and these bodies will figure large in twentieth-century medicine.

### STATIC MACHINES IN WET WEATHER.

In the *Bulletin Officiel de la Societe Francaise d'Electrotherapie* for March, 1898, Huet discusses the difficulty of operating static electric machines when the air is charged with moisture. This difficulty pertains to all electric apparatus. Various plans have been suggested to obviate the trouble, but none has proved practicable. M. Huet, however, finds the solution of the problem exceedingly simple. He covers the glass feet of the apparatus with a coating of petrolatum, and makes the same application to both the sides of the glass case that covers the machine. The surplus may be removed with a dry towel. The application should be made before each seance. To keep the plates dry it suffices to place under the glass case two cups containing a small quantity of sulphuric acid, by which the moisture of the contained air is speedily absorbed.

Prof. Neiswanger is not alone in his high estimate of the value of static electricity. I have at present a case of chronic myelitis with ataxic phenomena, which has improved remarkably under its use, both in the subjective symptoms and in those not directly influenced by the will or the emotions of the patient.

### THE PITY OF IT.

One of the strongest arguments for a future life is the necessity of it, to supplement the imperfections of this one. We see the wicked flourish and the good languish in poverty; the selfish win success, and riches, and honor, and the leadership among men, while the generous altruist fails in business and is universally execrated. The useless and vicious vagabond who cumbers the earth, whose only possible claim to filling a useful purpose is that he may serve as a frightful example, lives to a green old age; while the widow's son, the only support of a family dies; or the woman who walks the earth a being too noble to be classed among her kin, is cut down in the flower of her days, her career of usefulness cut short.

If there were no hereafter we must needs create one, to even matters up and make of such things a harmonious comprehension.

The economy of nature teaches the same lesson. Nothing is wasted; every dead leaf, every surplus seed, the decaying bodies of plants and animals, are utilized to the ultimate particle. Nothing rests; but from the moment when death occurs the processes begin by which the dead material is worked up into new forms of life. But would it not be an anomaly if everything else is preserved and utilized, and the spirit wasted? The noble qualities, the possibilities for usefulness, developed in a man or woman by education and thought, are these lost when the owner dies? What is there in the universe of so much value as moral



worth combined with mental strength? In all ages this has been admitted by men of all religions. The stars swerve from their course; the sun stands still; yes, even the Son of God comes down from heaven and dies, to teach men the way to moral rectitude. Admitting the eternity, the indestructibility of matter, we must perforce admit no less for that which alone renders matter valuable, the spirit. Here or elsewhere, the soul which deserts its material domicile continues its conscious individual existence; else the cosmos is chaos, and blind chance uselessly rules a purposeless aggregation of matters and forces.

In the Garretsonian philosophy death is but an accident, and not a very momentous one. Every action in life has its influence necessarily upon the future. There is no heaven and no hell, in the sense that the "saved" are indiscriminately sent to swim in never-ending bliss, and the "damned" are plunged into eternal torment. For "there is no God dares wrong a worm." Justice demands what observation teaches, that every good or bad deed must receive its due recompense, must be followed by its inevitable consequences. This is the inexorable decree of the Fates, whom even the gods themselves could not influence.

And so by pure reason, apart from the authority of revelation or inspiration, we are led to the conclusion that the being, who inhabits the body of every man and woman, is eternal and must continue to live after the separation from the material envelop, and to live as an individual; for life without the continuation of the individual consciousness is nothing but annihilation. But this compels still further admissions, for such a life would be of little value were the associations formed in this world not continued in the next. The faith that sees in death the way to rejoin the loved ones "gone before," is too beautiful, too precious a thing to be baseless. What would paradise be worth without it? Nothing in the imagination of man is worth

as much. No scheme of happiness can be conceived that would not be valueless if this feature were omitted. This thought alone soothes the grief of the mourner, and robs the grave of its terrors. What are all your golden crowns and harps, your houris and happy hunting grounds, your Elysian fields and your Valhalla, beside the privilege of once more clasping the hand of her who for a quarter century walked the earth by your side?

#### SANITARY ASPECTS OF STREET PAVING.

Denver physicians are discussing the effects of asphalt pavements upon the health of that community; and, as might be expected, considerable diversity of opinion has been manifested.

Dr. Wetherill considers the original Denver soil well-fitted to absorb and destroy the sputa of the tuberculous patients for whom Denver is a sanatorium. The dust of paved streets is a mixture of "excrement, debris and offal," and in Denver carries an undue proportion of disease distributors. He favors few paved streets, and these should be cleaned by flushing, not sweeping. Paved streets are also noisy and hot.

Doctor Kinley thinks that if all the streets were asphalted they would be self-cleaned by every rain; the deposit of filth on unpaved streets causes much disease; asphaltum is itself a disinfectant, and the cleanest, smoothest and quietest of paving; while the soil of Denver is so highly impregnated with alkali that its dust is very irritant. Tuberculous sputa remain on the surface, and can only be gotten rid of by flushing, and this only on a well-paved street.

In New York city the introduction of asphalt paving has been followed by a reduction in the death-rate.

Altogether, the weight of the evidence is strongly against Dr. Wetherill and in favor of asphalt, as a more sanatory, and in the end cheaper, paving than natural dirt.

### MEDICAL EXAMINERS' BILL.

A bill has been framed for the establishment of a State Board of Medical Examiners, to be submitted to the next Illinois Legislature. This bill has been approved by the State Board of Health and the legislative committees of the regular, homœopathic and eclectic state societies. It has therefore a very fair chance of becoming a law.

It will be worth our while to glance over a measure destined to exert a great influence over the future of medical science. Copies of the bill may be obtained by applying to Dr. Egan. We have space here for only an outline.

Section 1 provides a board of seven, appointed by the Governor, graduates of recognized colleges, no one school to have a majority.

Section 2 prescribes the organization.

Section 3 provides for four regular meetings yearly, and others as needed; also for records and reports.

Section 4 declares that no person shall commence practice without license, based on the degree of a college in good standing, and an examination, in English, on the usual topics. Midwives must also be licensed, on diploma and examination.

Section 5 places the examination fee at \$20 for physicians and \$15 for midwives.

Section 6 requires all physicians and midwives in practice, when the act takes effect to apply for a license, which is to be issued on payment of a fee not exceeding fifty cents. The Board may for cause refuse to issue a license. All licenses are for the current year only.

Section 7. Licenses are renewable for a year, on payment of fifty cents; the Board may refuse for cause; failure to renew renders the practitioner liable for practising without a license, but he can apply for renewal within one year; retirement or removal gives the right of renewal within five years. A note explains that the annual

renewal is devised to obviate the necessity of expensive legal measures to deprive the holder of a license if he proves disreputable.

Section 8 empowers the Board to refuse license, on account of inebriety, abortion, conviction of crime, false pretense, etc. The applicant must have 30 days' notice and a hearing. A note says that this is as near to the advertising quack as the bill can be gotten.

Section 9 defines who practitioners are, as "any persons who shall operate for or upon, prescribe for or otherwise treat, or profess to heal or cure any physical or mental ailment, or any physical injury or deformity of another," exception being made of dentistry, pharmacy, domestic practice in emergency, and the army, navy and marine service.

Section 10 requires itinerants to pay \$100 per month, the Board to issue or refuse license for cause; such practice without license being punishable by fine of not less than \$100, jail for thirty to ninety days, or both doubled for each subsequent offense.

Section 11 puts the expense upon the receipts of the Board.

Section 12 limits the Secretary's salary to \$3,000, and gives the members expenses alone.

Section 13 provides penalties for unlicensed practice, similar to those for itinerants; this section to go in effect six months after the Board organizes.

Section 14 relates to suits in the operation of the act; penalties are to be paid to the treasury of the Board.

Section 15 repeals acts inconsistent.

Philadelphia has a normal death-rate of 19 to 23 per 1,000 of population. The death-rate of New York City has reached about 19 per 1,000. It has been gradually decreasing within the last few years; while in Chicago it has fallen from 20.27 to 14.26.

# LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

## A NEW THEORY AND METHOD FOR THE PREPARATION OF ANTITOXIN SERUM.

By Marc Ray Hughes, M.E., M.D., L.L.B.,

Clinical Assistant to the Chair of Mental and Nervous Diseases  
at Barnes Medical College.

IT has long ago been proven beyond a doubt that certain animals possess immunity against certain diseases. It is also



M. R. HUGHES.

a physiological fact, that the chemical composition of the animal body is the same as that of the human. The elements which compose all animal tissue, human included, are divided into organic and inorganic; the organic into nitrogenous and non-nitrogenous; the nitrogenous into proteids and certain crystalline bodies; the non-nitrogenous into carbohydrates such as starch, etc., and hydrocarbons such as fats, oils, etc.; inorganic into mineral salts and water.

Among the salts we find chlorides of potassium and sodium, phosphates and sulphates, also some carbonates and several salts of lime and magnesia. The analysis referred to applies to human as well as to animal tissue. We know that certain animals having a chemical constituency synonymous with that of the human being are immune against certain diseases to which man falls a victim. Hence there must be a certain element or

elements in those animals that make up that peculiar antitoxin element.

It has been my effort and research, with the unbounded aid lent by Dr. Eugene Cohn, to find a method by which we would be able to procure that peculiar element and add it to the economy of the human body by injecting it directly into the circulation, thereby doing away with all diseases that are unknown to the animal from which the antitoxin is prepared.

The former efforts of Koch and other scientists, who have made it a study to prepare antitoxins, have until now been but partly successful. Their mode of preparing the serum was to procure it from the blood or some other part of an animal body.

We utilize a more practical and scientific process to obtain it. From prolonged research we are prepared to say that neither the blood nor any other separate part of the animal body contains all the elements that are contained in the body as a whole. In order to prepare an effective antitoxin the serum should be an abstract from the whole body, and not from only a part. It would seem impossible to separate the antitoxin element from the animal

body, yet by our investigations we are able to say that this is possible. In our method we not only abstract the antitoxin from the blood or any other part of the animal in particular, but there is contained in our serum the antitoxin principle from the body as a whole. Our whole theory and method is based on this point.

Our method consists in the following: Our serum is prepared from the unborn animal, instead of from the adult. The animal is taken just as it emerges from the embryonic stage and enters the fetal. Thus we get the same chemical constituency as is in the adult, only in a more concentrated form. The whole uterine contents of those immune animals are rendered into a serum, without changing the chemical constituency.

The serum thus prepared is used as an antitoxin. The fetus is taken from the mother just after the first signs of life appear, but must not be taken unless it has a gelatinous constituency. First, of course, the mother animal is inoculated with the germ of that infective disease, to prove that it is immune against it and to render the antitoxin properties more active. By so doing the fetus will be affected equally and its antitoxin properties rendered more active.

In this brief description I have given a fair conception of our theory and methods regarding antitoxin, although I have not entered into detail; but have simply given a superficial outline of our theory, which is based on purely scientific facts.

St. Louis, Missouri.

—:O:—

The proof of the pudding lies in the eating. We shall give Dr. Hughes' antitoxin a trial with the rest; and if it is worthy it will survive, not because Dr. Hughes is a young man of talent and the son of the well-known St. Louis neurologist but simply because it is worthy. The process seems to greatly simplify the production of antitoxins for each disease.—ED.

## INFANT FEEDING.\*

By R. D. Mason, M. D.

NOW that the hot months of summer are here it is important that we as physicians should study carefully the matter of feeding infants and children. Especially is this important in the case of babies that are deprived of the food intended for them by nature, mother's milk.

The question is: What may be given to take the place of nature's food? In preparing a substitute we should copy in every possible way the physical and chemical characteristics of the food which is universally acknowledged to be the best.

Our mothers used to boil the milk for the baby when it was sick and maybe added a little ground barley or flour. They did not know why they did it, but they had learned from experience that the baby improved from its use.

In our day the study of bacteriology has taught us that the boiling sterilized the milk and destroyed any disease-germs that might be present, and retarded the process of putrefaction if it had started. We know that the process if begun in the milk will be continued in the intestines of the child who drinks it. We know scientifically, what they knew empirically, that the addition of ground barley or some other cereal broke up the milk into finer curds and assisted the digestive ferments in their efforts to prepare it for assimilation.

I am most decidedly of the opinion that too many infants are deprived of their mothers' milk upon insufficient grounds. It is in my opinion a matter of grave importance for a physician to advise a mother to wean her baby, unless it is of proper age to wean or there is some very good reason for doing so. There is nothing that can take the place of the food prepared by nature; and although it may at times disagree

\*Prepared for the Harrison County, Iowa, Medical Society, June 8, 1897.

with the child or be a heavy drain upon the mother, these can usually be corrected and the child kept at the breast until such time as it can live upon more solid food.

Most of the errors occurring in the feeding of breast milk can be attributed to over-feeding and feeding too often. If mothers would use a little judgment in this respect and not feed too often, or in too large quantities, or when overheated or exhausted, there would be but little complaint about the breast-milk not being good.

No position in which a physician and nurse can be placed requires greater care and attention to details than the selection and administration of the artificial food of an infant deprived of the breast, and suffering from some of the many forms of stomach and bowel trouble incident to hot weather. It is a time that calls for calm, cool judgment, and a minute attention to details. An especial warning should be given against the avoidance of sticking to any pet theory simply because it worked well in some case in the past. Each case must be treated upon a basis of its own and a suitable diet found for that particular child, whether it suits any other case or not.

First of all then I believe cows' milk properly modified to be the best food that can be fed infants aside from that intended for them by nature. I have long since entirely abandoned the continued use of the patent foods that flood the market. I use them sometimes as adjuncts to milk, which in fact is all they are, as they nearly all require the addition of milk in their preparation. Many of them by being added to the diet for a few days will make a change that is grateful to the patient and assist nature in its effort to restore the function of the disordered alimentary canal. But their continued use as a rule is expensive and they are not of the proper constituents to build up a healthy child.

For the ordinary diet of a healthy child

I have found nothing equal to the formula recommended by Rotch, which is as follows: Milk, two ounces; cream, three ounces; water, ten ounces; milk sugar, two drams. Mix. Put in an open-mouth flask, place in a sterilizer and steam twenty minutes. Cork the flask with sterilized cotton and when nearly cold add one ounce of lime water and place on ice. Among poor people who have no sterilizer, ice, etc., the simplest kitchen utensils can be used. Most of them can find an empty beer bottle or two that will do for a flask. A tall tin pail or kettle will do for the sterilizer if covered moderately tight. The lack of ice is the greatest drawback; but in this case only enough food for one or at most two feeds should be prepared at one time. I have in the country where there is a good clean well had them put the food prepared for the day in a container of some kind and lower it into the water, being careful not to let any water run into the bottles. In this way a day's supply can be prepared at once, and by at once returning to the well after procuring enough for a feed, the supply is kept pure and sweet.

For some all this seems to be a good deal of trouble, and so it is; but if the mother does not care enough about her child to go to a good deal of trouble for it she is not fit to have a child. After the mother gets used to the method of preparing the food she will do it easily and in nearly all cases gladly.

In cases of bowel trouble it is often best to stop milk entirely for a few days and feed light broths, barley or rice juice or bread thoroughly toasted and added to water. Most of these children should not be allowed sugar, as it simply helps to keep up the fermentation going on in the intestinal canal. I have long since learned to give but little medicine in these cases. A proper regulation of diet will generally be all that is needed, other than a mild cathartic and an intestinal antiseptic of some



kind to clean out fermenting masses and curds.

In severe vomiting, where the stomach will retain nothing, I have had good results from the use of the white of an egg beaten up thoroughly in ice water and given in half-teaspoonful doses repeated as often as thought best.

Missouri Valley, Iowa.

#### PROGRESS TOWARD ACCURATE THERAPEUTICS.

By J. Tracy Melvin, Ph. G., M. D.

THE special point to which we call attention is the ever-varying content of active principles which are to be found in the most reliable and most relied upon galenical drugs of a strictly officinal nature.

The most commonly used drugs are still subject to some of the widest variations in their real medicinal effect, because varying in the amount of alkaloidal or other active principle which they may contain. These variations are inherent in the nature of the drug, and no pharmacist can prevent or even minimize them. They may be due to: Improper time or manner of gathering; improper manner of preserving or preparing; and, lastly, the varying amount of active principles which the plant produced. For the amount of alkaloid which the aconite, belladonna, henbane or other plant may have produced is not an invariable and definite quantity at any given age or stage of the plant's growth, but must depend upon a score of external circumstances pertaining to the life history of that particular plant and applicable to no other specimen in existence. For it is not the sole nor the principal object of any plant's life to make that particular substance which we wish to use as medicine, for it is only produced incidentally after the prime requirements of life and growth and fruit have been achieved. Soil, temperature, moisture, injuries and a score of other ele-

ments will affect the alkaloidal content of each individual plant.

Do our highest medical and pharmacal authorities recognize the existence of such variations? Most certainly they do, although their warnings are too often overlooked.

As to aconite, the last United States Dispensatory says: "It varies from .85 of 1 per cent to .30 in equally good appearing specimens. The wild is more active than the cultivated, the domestic than the imported," etc. As to belladonna: "This drug varies remarkably in its yield of atropia, running from .6 to .25 of 1 per cent."

As to digitalis, they say: "It varies greatly in its medicinal effect, the biennial leaves, gathered when the flowers are two-thirds open, being by far the strongest; but all specimens rapidly deteriorate in keeping and all leaves kept longer than one season should be destroyed." (We much suspect that they are more frequently ground up and used to prepare fluid extracts and tinctures than destroyed.)

Cinchona bark varies from no alkaloid at all to 13 per cent, with an average of 3 to 4 per cent.

*Cannabis indica* is so notoriously unreliable that they decline to even name a dose for it, but assert that each sample must be a law to itself.

Houghton states that out of four samples of equally good appearing *strophanthus*, one was found, on physiological testing, to be ninety times as active as another; while seven out of thirteen samples of *cannabis indica* were absolutely inert, and four out of seven samples of ergot were alone physiologically active. Bear in mind that these tests were made with samples from large consignments of commercial drugs; and is it any wonder that physicians have begun to despair of meting out accurate doses for the accomplishment of sure and definite results? Will not this extreme variation account for the widely different results often reported by different observ-

ers when giving the same remedy in presumably identical doses? Does not our reputation as successful practitioners depend very largely upon our ability to command uniform and accurate dosage of remedies?

Every member of the profession should at once endeavor to familiarize himself with the use of the real active principles of the drugs he wishes to give, be they alkaloids or glucosides, for they alone are the real medicines which we wish to give. We have long ago been driven to the use of the alkaloids in the place of opium and cinchona bark and their galenical preparations, and sooner or later we must also apply the same rule throughout the domain of medicine.

But at once we are met by the objections, which for twenty years have appeared in all our works upon *materia medica* and have been repeated by all the professors in our medical colleges, that these alkaloids or other active principles are too powerful and their dose is too minute to be safely used; and further, that the alkaloids of aconite neither of them exactly represent aconite root in medicinal properties; neither hyoscyne nor hyoscyamine exactly represents the medicinal properties of henbane; neither digitalin nor digitoxin, nor any other of those alkaloids, is exactly the same as digitalis. We will grant you all of these points, and still most strenuously urge their uses. These were the identical arguments used years ago against quinine and morphine, yet who would now go back to the days of Huxham's tincture and black drop?

We all of us in daily practice use morphine, codeine and narceine, yet we know that neither is identical in effect with opium; but we have learned the peculiar effects and indications for each and can use them as indicated in definite and accurate dosage. Precisely so we would urge the use and study of those lesser used alkaloids which are the active principles of the most commonly used drugs, always assur-

ing yourself that you are using each time the identical alkaloid from the identical manufacturer which you began with, for it is most unfortunate that the same alkaloidal name has been given by different manufacturers to different alkaloids from the same plant; but with reasonable care we may assure ourselves of the identity of the granules or tablets from any one firm, and make no error on that account, trusting that the time will soon come when this apparent confusion of names will be remedied and all can unite in acquiring an accurate science of therapeutics.

Saguache, Colo.

#### THE INJECTION METHOD OF TREATING REDUCIBLE HERNIA.

By W. H. Walling, M. D.

ANY reducible hernia, if the canal be not obliterated, may either be cured by the injection method, or be so benefited as to enable the patient to retain the protrusion by means of a well-fitting truss, provided that an effective fluid be used and that the injection be properly made.



W. H. WALLING.

The failures charged against this method of treating hernia have been due primarily to the use of ineffective or dangerous fluids, and secondarily to faulty technique. Given an effective fluid, any operator, no matter how unskilful he may be at first, should cure his cases because he must in the very nature of things reach the inner ring at times with the injection. Some operators used powerful chemicals, thereby endangering the lives of their patients and causing such a severe inflammation as to result in leaving cicatricial tissue, which being weak and unreliable caused frequent lapses. Others used an ineffective fluid with the same result.

The object of treatment is to close up the opening in the abdomen in some way,

surgical or otherwise, in order to make a radical cure. A fluid that will produce an exudate that, being highly organized, will not yield to pressure or be absorbed, will necessarily produce favorable results in the majority of cases. There will be failures by any method of treatment, surgical or otherwise, and this must be expected; still, given the use of such a preparation as above outlined, the failures will be less than by any other method.

Dr. J. R. Baer, 2258 N. 18th Street, this city, reports having treated fifty cases by injection without a single failure.

My own experience has not been so invariably successful, as in my earlier efforts I undertook cases that were unsuited to this or any other method of treatment. The oblique inguinal variety is the one most amenable to treatment by the injection method, although the other forms have all been successfully treated in this manner.

The technique of the injection operation on oblique hernia, is as follows: The hernia is to be reduced if out, and a well-fitting, suitable truss adjusted, which the patient is to wear constantly when not in a recumbent position. In some cases the truss is not even to be removed at night. He must not in any case take it off until after lying down at night, and must put it on before rising in the morning.

Having the truss in proper position so that the hernia will not under any circumstances come down, place the patient on a surgical chair or table, wash the parts with some antiseptic solution and make the injection with a trocar and canula needle as follows: Invaginate the scrotum with the index finger, pushing it well into the external ring; then pass the bare needle along the finger up against the scrotal wall, when with a quick thrust it is to be pushed through the wall into the outer ring. Then turn the canula over the needle point to cover it and pass the instrument along the canal up to the inner ring, and there make

an injection of from three to five drops of the fluid. Wait, say five seconds, then gently massage the parts, give the piston of the syringe a backward turn to empty the needle and withdraw the instrument; again massage the parts and after some five or ten minutes the patient may again put on the truss and go about his business or occupation. There may be some smarting at first, but it will not last long. A hot water bag placed on the parts for a few minutes will facilitate the reaction. The injection may be made every five to seven days or at longer intervals as may be necessary. A certain amount of inflammation must be produced in order to effectually seal the parts; but the fluid must not only be thoroughly aseptic and antiseptic, but it must be capable of producing the non-absorbable exudate above referred to. With such a fluid and the proper technique there is no danger whatever and the patient loses no time while under treatment.

The number of injections will vary with the case. I cured one patient with only four injections, and Dr. Baer reports a like experience. Generally from eight to twelve are necessary to effect a cure. The patient should wear the truss for from three to six months after treatment has been suspended, reporting monthly for inspection and additional treatment if needed.

As to the form or make of truss, the surgeon must in his selection be guided by the character of the hernia, location, etc.; but, after having used many varieties of trusses, I may say that the American Silver Truss, made at Yonkers, N. Y., seems to be a model of simplicity, lightness and strength combined, is easily adjusted, comfortable to wear, and is said to give universal satisfaction.

In order to anticipate inquiries, I will state that the fluid used by myself and Dr. Baer, is made by the De Land Medical Co., Boston, Mass.

Philadelphia, Pa.

### SOME USEFUL DIETARY PREPARATIONS.

By W. M. Holladay, M. D.

I HAVE been especially interested in the diet articles of the CLINIC, and wish that all of them had been fuller in detail as to preparations of these favorite kitchen formulas..

In typhoid fever the physician frequently is much embarrassed in getting the patient to take food enough. So first, as water in all forms, and especially cold, is good for the patient, order him sherbets of fruit juice — pineapple, raspberry, lemon and orange. To this can be added, and should be added, gelatin and the white of egg. These sherbets alternated, and taken to reduce thirst, also reduce fever. Ice cream, too, is a fine article of diet.

Frequently in this and in other fevers a drink made as follows is very grateful to the patient: Add to two ounces of simple syrup the juice of one lemon, put in a large tumbler with cracked ice, then add enough cream to fill the glass. It is necessary to observe this order, else the acid of the lemon will curdle the milk. Orange or fresh pineapple juice can be used instead of the lemon, especially if the digestion is feeble.

Like Dr. Waugh, I am always anxious to give typhoid cases solid food as soon as possible; and I have generally been able to do this in the third week of the disease, giving beefsteak by preference; and this should always be broiled and somewhat rare. It is always necessary to forbid some of our clients to give fried articles of diet. Ignorant people have been known to give bread fried in lard as toast.

In young infants, and in all children, when any trouble with their teeth is present, it is always well to order precipitated phosphate of lime with any drugs given for bowel troubles. This salt is readily taken up and the phosphoric acid aids in digestion. As it is nearly tasteless children do not object to it. Some dirt-

eaters stop that vicious habit when the lime is given. It can readily be added to bismuth. One girl for whom I prescribed this salt had lost her front incisors two years previous to the taking of the lime; in two months she had gotten her permanent teeth.

I have never been able to use much milk with white of egg in infants. In cholera infantum cases, chicken water, Bovinine and Wyeth's Meat Juice have been my favorites. The first days of treatment I have generally given water or fruit juices alone; say, water the first twenty-four hours, after that fruit juices; starchy food at this time is always hurtful, in my experience.

Some cases of sick-headache, despite the nausea, become so weakened as to require some food. Bovinine and water in equal parts, with salt added to suit taste, I have generally found of benefit.

In all cases where an illness has lasted ten days or more the patient needs the addition of common salt to his food. In the first stages of convalescence from diarrhea, in adults, the dried, chopped beef is the best article of food with which I am acquainted and one that the patient greatly relishes.

In dysentery, remittent and intermittent fevers, fruit juices, besides being very grateful and beneficial as articles of diet, have a decidedly curative effect. The invalid generally prefers the juices without sugar.

Boiled milk is almost always flat and tasteless. It can be much improved by skimming it thoroughly, adding quite a large pinch of salt, some pepper and a very small lump of butter. Whey, made by adding a wine-glass of strong sherry to a pint of fresh milk and straining off the curd, is relished by some convalescents. Where there is total anorexia and thirst, the white of egg can be best given in iced water.

A whole raw egg can be easily given when necessary by breaking the egg in a

glass with a small amount of good vinegar and adding salt and pepper, the whole to be swallowed like a raw oyster, being careful not to break the yolk. Oysters should be generally given raw, the stewed oyster being hard to digest, and when raw it is a good food early in typhoid fever.

Hampden Sidney, Va.

## DOUBLE OVARIOTOMY WITH REMOVAL OF ONE TUBE.

By Carrie L. Heald, M. D.

MRS. O. M., aged thirty-five, came to my office September 28, 1897, complaining of back and headache, general



debility, attacks of nausea, obstinate constipation and menorrhagia. The patient while sitting in the office seemed quite exhausted, with no ambition to be about. She was pale and anemic, the mother of eight children—the oldest sixteen, the youngest one and a-half years.

About thirteen years ago last April, while washing a child's dress, a number of needles in the pocket were forcibly rubbed down upon and broken off in the ball of the right thumb. The exact number of pieces that entered was not known. The subsequent treatment resulted in marked suffering to the patient. A week after the accident the hand began to be painful and to swell. Medical advice resulted in cutting down and removing several pieces; the wound became infected, the arm was swollen tense to the shoulder and the body swelled to the ears and down the side. Places broke out upon the chest. Scars now show where the arm was frequently lanced. This state of things continued until November of the same year, the arm being frequently lanced and probed during this time. Nine years after this another piece of needle was taken out of the thumb.

She now at times experiences pain in the palm radiating up the arm. During this trouble she was wholly or partially anesthetized twenty-two times.

Her labors were all severe, lasting from three to five days, with two instrumental deliveries and three dry births, membranes rupturing about three days before delivery.

Personal examination: Pulse 60; temperature 98; very anemic, little color in lips and eyelids; extremities cold; headache amounting to *clavus hystericus*; patient not inclined to be excitable, but rather morose; menorrhagia marked; uterus retroflexed; erosions about the external os; uterus and cervix enlarged and tender; pains through the left ovarian region.

Diagnosis: Anemia; retroflexion with endometritis; auto-intoxication from constipation.

Treatment: Seidlitz every morning for a week; afterwards Anticonstipation granules, q. s.; Buckley's Uterine Tonic, one every three hours; replaced uterus twice a week, inserting a glycerin and ichthyol tampon; a hot vaginal douche at bed-time, in the dorsal decubitus.

October 16, patient not much improved, except her general condition was better; menorrhagia still continued. I advised curettement, which I did October 19, 1897, under anesthesia and strict antiseptic precautions. Patient remained in bed four weeks and improved upon strychnine arseniate and glonoin. After the acute symptoms subsided an Albert Smith pessary was inserted, and the patient was given Anazyme tablets inserted twice a week. The patient seemed to gain rapidly, except that the bleeding persisted for nearly two weeks. She had had purulent discharges periodically, following pain in one side, since the birth of the last child.

The second month after curettement an ovary prolapsed in the cul-de-sac, enlarged to the size of a large hickory nut.

February 12, 1898, menstruation became so excessive as to require vaginal packing.



The erosions had now disappeared and the uterus had regained its upright position, feeling firm and normal. I now decided not to temporize longer, but advised removal of the prolapsed ovary with the tube (supposing the left ovary and tube to be the affected parts).

February 27, through an abdominal section, I removed first the right ovary, which proved to be the one prolapsed; tube normal and left; left ovary and pus-tube were tied off and removed; stump transfixed and peritoneum sutured over with fine cat-gut; right ovary cystic, left atrophied to about the size of a hazel-nut. The abdominal wound was closed with silk after suturing the peritoneum with cat-gut. Time of operation, forty minutes.

A room in the home had been prepared for an operation room; everything taken from the walls, carpet removed from the floor, floor and walls wiped off and one of Eli Lilly's big formaldehyde generators burned in the room for one hour after the operating table and other things had been placed ready for operation.

The patient has made an uneventful recovery; primary union of abdominal wound the fourth day; pulse never went above 72; temperature rose to 101°, but on the evening of the third day dropped to normal. Zinc oxide was used as a dusting powder. For the first three days the patient suffered intense pain and vomited occasionally; the afternoon of the third she became quiet and asked one of the daughters to play the piano. She began to be up and move about the fourth week. On the night of the third day she discharged per vaginam a tarry looking substance, which continued very slightly for three days.

March 25 she again menstruated, with accompanying pain which lasted twenty-four hours, since which time she has seen nothing. A piece of the ovary was sent to the Northwestern University Women's Medical School for section.

Since the operation on the patient she has suffered less pain than in all her previous married life, although she has occasional quite severe paroxysms. She is now quite strong, doing the greater part of her own work. Occasionally pains in the pelvis are severe. She does not sleep well, I think partly from habit, she having been so much disturbed.

Perhaps some one can suggest something for these difficulties.

Osceola, Neb.

### INTESTINAL ANTISEPTICS.

By J. P. Thorne, M. D.

Attending Physician to the Palmer Memorial Hospital, Editor of the *Wisconsin Medical Recorder*.

UNTIL recently the beautiful summer season was a time of dread to many a mother. Summer is the season when all nature rejoices, but the mother acquainted with the dreaded intestinal diseases of children well knows the trials which await her. But now the advancement of medicine has brought a change.



J. P. THORNE.

The discovery of antiseptics marked a new era in the history of medicine and surgery and the application of antiseptics to the gastro-intestinal tract opens a new chapter in the history of antiseptics. Intestinal antiseptics has revolutionized and simplified the treatment of intestinal diseases. Early use of proper antiseptics cuts short many a case of cholera infantum, and their use at any stage is of great benefit.

A host of antiseptics have been tried in these diseases and all have value. Salol, guaiacol, resorcin, the naphthols and the salicylates have all been used and good results reported. Copper arsenite is an intestinal antiseptic of decided value and has been successfully used by hundreds of

practitioners. "The little green pills," as I have heard them called, are the stand-by of many physicians today.

In my opinion the sulphocarbolates stand at the head of the line of intestinal antiseptics. The chemically pure sulphocarbolates of lime, soda and zinc, either alone or combined as in the W-A Intestinal Antiseptic, will cure many of the diseases caused by fermentation in the gastro-intestinal tract of both children and adults. I am one of those practitioners who believe that the physician can frequently jugulate and cure disease; and the sulphocarbolates are prominent among the arms with which to conquer those of the heated season. The sulphocarbolates are fast coming into more general use, and they should be adopted by every physician who wants the best results in these cases. One of their beauties is that they can be pushed as far as desired with perfect safety.

Take a case of fermentive intestinal disease in a child: First clear the bowels of putrid matter, then use the sulphocarbolates freely and continuously and the chances of your success will be far ahead of what they will be under any other method. Careful attention should be given to the food. At first all food should be withheld and, later, white of egg in water, and Bovinine may be given. Other foods should be added gradually until the full diet is reached. In intestinal diseases of all kinds, typhoid fever and allied conditions, the sulphocarbolates, especially in the form of the W-A Intestinal Antiseptic, have an important place.

I have been greatly interested in watching the growth of the principles of intestinal antiseptics; and the opinions which I have received from many physicians assure me that the sulphocarbolates have taken a place which they will retain. They have robbed the summer months of much of their danger, have relieved much suffering and saved many lives.

Janesville, Wis.

## UVULOTOMY.

By C. E. Ide, M. D.

IT is true that this operation is a simple one, and that may be the reason why it is so much neglected. That it is greatly



C. E. IDE.

neglected is true, and this to the great detriment and disadvantage of many a sufferer. We frequently see and hear astringent applications recommended for chronic relaxation of the uvula. A brief experience with this class of cases ought to convince any man that such applications are useless, and that the sooner the greater part of the uvula is amputated the better for all concerned. To seize the end of an elongated uvula with a long forceps and cut half, or more than half, of it off with long scissors is certainly easy enough. Nobody need be timid about undertaking this operation. The amount of relief which it will give is incalculable and out of all proportion to the labor required in performing the operation and the fee charged for doing it.

Many a patient has gone to one physician after another complaining of symptoms which a little investigation could easily trace to elongation of the uvula; but that little offender has been snubbed and hidden under clouds of suspected phthisis and other terrible conditions.

There are several annoying symptoms which are due purely and entirely to elongation of the uvula. One of these, and probably the most common, is a tickling sensation in the throat which provokes a "dry cough." The uvula irritates the base of the tongue, or epiglottis, or pharynx, and the cough results. I remember well the case of a clergyman who came complaining of a tickling sensation in his throat, which excited a "dry cough," and also a feeling of fulness in the throat. He

said he could not read or preach as well as formerly and that his voice was tremulous and often failed him. On examination a relaxed uvula was found; and not only this, for on his epiglottis just to the right of the median line there was a small nodule which the constant irritation had caused. There were no signs of acute inflammation at this point, no tendency to break down and ulcerate, no anemic appearance, only a hard connective tissue swelling. Amputation of the uvula, followed by local treatment, gave the desired relief.

Nausea is another condition which can be traced directly to a long uvula in many cases. In these cases the nausea is due to the same irritation which caused the cough in the first-class. There comes to my mind the case of a "whiskey-drinker" who had suffered from nausea and vomiting, and "fullness in the throat," with overproduction of mucus, for years. His uvula was amputated, complete relief of symptoms followed and he assured me that seven hundred dollars would not put that thing back in his throat. Another whiskey drinker who feared that consumption had resulted from his indulgence was lifted up from the slough of despond and made happy once more, by one "snip" of the scissors.

Many a suspected gastritis, many a case of nausea of pregnancy, many a suspected carcinoma of the stomach, is at once relieved by uvulotomy. I remember one young woman who had been subject to unexplained attacks of nausea for years, who found immediate and entire relief when I amputated her uvula.

People who find that they take cold easily and suffer from "sore throat," without especial exposure and without being able to state the cause, will many times find entire relief from this simple procedure. Singers frequently find that the removal of an elongated uvula adds a note or two to their register and also renders their enunciation much more clear and

easy, as well as putting an end to "throat tire."

In cases of enlarged tonsils and hypertrophied pharyngeal adenoid tissue, the enlarged uvula assists in the filling up of the throat, the obstruction to free breathing and the causation of middle ear disease.

I fear that an enlarged uvula is often undiscovered and so neglected because physicians are too forgetful or too lazy to make the examination which is necessary if one is to discover the condition. Such examination should be the routine practice where there is cough, or pain in the throat, unexplained nausea, or any one of many conditions which will occur to the mind of the reader.

Chicago, Ill.

#### CIMICIFUGA RACEMOSA.

By Finley Ellingwood, M. D.

FROM the profound influence of this agent upon the nervous system it may well be classed among nerve remedies. Its influence upon the circulation of the nervous centers is similar in one particular to ergot. It has however an influence that ergot does not have; it is a sedative of rare value and has true nerve tonic properties. An overdose is promptly signaled by the appearance of a headache which assumes a bursting, tearing character, with injected conjunctivæ and flushed face. This will abate at once upon discontinuance of the agent.

There are certain direct indications under which this remedy will always act specifically. These are muscular aching, local and general, aching pains as from overworked, over-strained muscles.

In the premonitory stage of acute fevers, or of acute inflammatory troubles of whatever character, a common symptom is a general tired feeling with aching of the muscles. In these cases there is usually a chill or chilliness, with more or less fever with the aching. One drop of the tincture

of *cimicifuga* every hour will relieve this aching in from six to twelve hours. If given with aconite for the fever and belladonna for the rigors, the time may be reduced to three or four hours. When indicated, its influence upon the nervous system will probably abridge many of the other symptoms.

Prof. King advised this agent in coughs, and its value through its influence upon the nerve centers has been confirmed by many practitioners. It soothes the cough of excessive nerve irritation, and the reflex cough; the irritable cough of acute bronchitis is relieved by it, as it increases bronchial secretions to a notable extent.

It is given by many as a stomachic tonic, and it improves digestion by relieving excess of nerve influence over the functional operations of the digestive apparatus.

Through its depressing influence upon the vasomotor centers and upon the nerve ganglia, it has a beneficial influence upon the heart. In conditions of muscular relaxation, enlarged or dilated heart, fatty degeneration, rheumatic carditis or pericarditis it is a sovereign remedy. In neuralgia of the heart (*angina pectoris*), and functional irregularity of the heart from exalted nerve influence, either alone or combined with *gelsemium*, it is prompt and reliable.

The characteristic aching pains above described are very constant in acute rheumatism and in rheumatic fevers. *Cimicifuga* is certainly a royal remedy in these cases, and has become universally popular. If the condition is absolutely confined to the joint and does not involve muscular structure it is not of as much value. The direct indication must be present.

It will be found indicated in rheumatic neuralgia, in sciatica, in muscular rheumatism of the chest walls, in aching of the deep muscles of the back, in myalgia, in severe colds, in neuralgia from cold, in rheumatic headache, and in neuralgia of

the ovaries; also with women in the intense muscular aching preceding the menses.

*Cimicifuga* operates directly upon the reproductive functions. In the female it is valuable as above indicated, in dysmenorrhea of a congestive character always, and in amenorrhea. In these cases aconite will aid its action greatly, if the condition is induced by sudden cold; and *pusatilla* will do likewise if the conditions be caused by nervous shock or functional irregularity extending over a longer period. *Helonias* may be given with it, if there is weight and dragging in the lower abdominal region. If leucorrhea is present with the above indications, it is especially valuable. It is valuable to promote uterine contractions and in subinvolutions. In the aggravating rheumatic pains of parturition, or of the later stages of pregnancy, which deceive by closely simulating those of labor in some ladies of rheumatic diathesis, this agent is positive and prompt.

In small doses it is the agent for hysteria with flushed face and heat in the head, with restless and nervous excitement and general muscular aching. It has both a temporary and a subsequently permanent effect. In hysterical conditions of the menstrual epoch, in hypochondriasis or melancholia at these times, with congestive dysmenorrhea with the above indications, it is specific. In puerperal hysteria with great nervous excitement and the above conditions, or with excitable mania or incipient puerperal insanity, it is a most efficient remedy having a desirable sedative influence on the nerves of the womb, etc.

The agent is excellent in relieving irregular pains and uterine distress occurring during the course of pregnancy. It may be given in small doses and it thus prepares the patient for parturition and undoubtedly contributes largely to a short, easy and uncomplicated labor. The fluid ex-

tract, or from two to five grains of the resinoid is a most efficient *partus accelerator*. It increases the expulsive pain in a regularly intermittent and normal manner, without spasmodic irritation. While the normal pains are increased, all erratic, rheumatic, irregular and nagging pains are relieved. It promotes uterine involution and hastens normal recovery.

In the male it is valuable in gonorrhea with aching in the bladder and across the kidneys. We prescribe it oftener than any other agent in these cases. It soothes the nervous irritability and materially assists in relieving the active inflammation. We usually find indications for aconite in the acute cases, or gelsemium where there is irritation with a tendency to spasmodic stricture, or hydrangea where there are sharp cutting pains in urination; and these properly combined have been our "sure cure" treatment for many years, with mild injections of zinc sulphate or hydrastine, or hydrogen peroxide, all warm, or of warm water alone. It is valuable also in orchitis with its own indications. In spermatorrhea with irritability and considerable sexual weakness and plethora, it will cure if given in half-drachm doses after meals, when other agents fail.

As a remedy for chorea it has become widely popular. Given in fifteen-drop doses of the tincture four or five times daily, it is superior to any other known remedy. Its effects are permanent if the anemia and other concomitant conditions are correctly controlled by proper medication at the same time. Its sedative, tonic and anti-spasmodic influences are here fully exercised.

It may be combined with scutellaria laterifolia, or with valerian or gelsemium, as the indications demand, with superb results. The writer has cured intractable cases by alternating it with minute doses of exalgine.

The agent has a specific influence in overcoming lithemia, and in preventing and

curing conditions resulting from an excess of uric acid—conditions existing in the uric acid diathesis.

It is therefore of value with auxiliary treatment in acute or subacute rheumatic arthritis with lithemia, and in neuralgia resulting from this cause.

In its action upon the central nervous system *cimicifuga* resembles ergot and the bromides, and to a certain extent gelsemium. In its influence upon the muscular system in rheumatism, it acts in harmony with colchicum and salicylic acid and the salicylates.

Chicago, Ill.

#### THE W-A INTESTINAL ANTISEPTIC A WINNER.

By J. E. Miller, D. D. S.

A YEAR or more ago I had an attack of dyspepsia. The pains would start in about an hour before meals, and from that time until twenty minutes to half an hour after eating I suffered all kinds of tortures. I am a dentist and am not supposed to know anything about medicine, especially when self is involved; so I consulted a physician. I took pepsin, diastase and hydrochloric acid and ran the whole gamut of remedies for my pains, but steadily got worse and became too cranky to live with or to do business.

Finally I had to quit work and began to brood over the probability of cancer of the stomach, and the Lord only knows what else! At this stage, while wondering what to do, I conceived the idea of building a boat in which to make a trip with a companion down the Grand and Colorado Rivers to the Grand Canon. We started, and during the entire trip ate every blooming thing we could lay hands on—bacon, flap-jacks and bread that ought to be patented; drank strong coffee and black tea without milk and, what was as we supposed the worst of all, the strongest kind of alkali water. We waded in the river hours at a time and slept on wet sand and



under wet clothing day after day and kept getting better all the time. At the end of the trip I took another outing in the mountains, hunting and fishing until it got too cold to see straight. At the expiration of this outing I considered myself cured.

After having been at work a few months the old symptoms began to return, gradually at first but getting worse with time. Knowing all about the inefficiency of all such medicines as are usually given, I was becoming discouraged when I read in the CLINIC of the good results obtained from the W-A Intestinal Antiseptic Tablets; so I sent for a small quantity and commenced taking them according to directions. After the second dose I felt better, and in one week I was as well as I ever was in my life. It's two months now since I have had any trouble of the old kind and I eat anything I fancy without fear.

You would be surprised if I told you how many things I find in the CLINIC that I make use of in dentistry. Hoping that your readers will give the Intestinal Antiseptic a trial, I have the pleasure of being another of your many well wishers.

Aspen, Colorado.

#### VARICOCELE.

By Monroe Manges, M. D.

**V**ARICOCELE is so common, and most young men are so ignorant about the disease and so easily worried by its presence and humbugged by fakes and quacks, that I wish to say a few words about the patient, the quack who bleeds him without operating, and the legitimate surgeon who too often is asked to operate for a small fee, after the patient has paid large sums to quacks for suspensories, electric belts, pepper bags, washes, placebos, and even voodoo charms.

The patient, usually young and inexperienced, is not to be blamed; for he is reared almost in ignorance of his anatomy; but his father is blamable because he should

have a sufficient knowledge, not to diagnose disease, but to recognize deviation from the normal. If he is not interested in his son's physical wellbeing or perfection, his ignorance must be attributed to the family doctor, or to the medical profession, which has failed to place the proper literature at the command of the public for the education of the youth, and has permitted quacks and advertisers to fill the minds of the laity with rubbish for knowledge, and every nostrum and dope for empiric use and too frequent injury.

The varicocele patient arrives at his diagnosis either by comparison with other men or from the suffering which compels him to look for information, which he finds in the daily papers. He can discover no external cause and so attributes it to a defect in nature, or to some folly or indiscretion; the quack succeeds in making him believe it is the latter. The patient finds no literature on the subject in any legitimate family doctor's book, and naturally believes that the advertiser is the only one who knows anything about the subject. There are without doubt a hundred quack books and pamphlets in homes to one book for the legitimate instruction by the ethical profession.

The quack has the patient in hand, the latter is very gloomy after reading the pamphlets sent him, and feels like a terrible sinner and a social wreck and a moral degenerate, if the purpose of the literature encountered the usual ignorance of the victim. The patient is a shining mark, though gloomy, and remains a target for the wily doctor, whose business it is to doctor and doctor until the patient out of sheer exhaustion of patience and finances quits. The patient, from ignorance and shame, does not consult his best friend, his family doctor, but writes to some "great or celebrated specialist" who often has no diploma, and who may even never have been in a medical college; of him he buys all kind of appliances, and pays fabulous

prices, none of which does any good except a suspensory, for which he pays from five to twenty-five dollars, when he can get one at home for a dollar.

Finally, the patient who can still feel and see the varicocele, even if relieved of all physical suffering, worries so much about his condition that he must find sympathy and assurance nearer home and goes to his family doctor, usually with the story that he has spent almost incredible amounts with fakes and quacks. He has come to the conclusion that nothing but an operation will cure him, but he does not want to pay much for the operation because he has spent so much before. The surgeon is thus too often compelled to operate for a paltry fee and naturally, as the aim of this paper indicates, suffers because the medical profession has failed to instruct the laity not to treat, for this is the province of the physician, but to know that anything ails them or where to go when they do know that they need the services of a physician. Physicians are often to blame for their indifference in handling these patients; they simply advise the use of a suspensory, a cold water sponging morning and night and probably some astringent wash. Many not being capable of performing the operation themselves act as if jealous of some physician who can and do not recommend the patient to him; and the patient, who nine times out of ten does not get mental relief from a suspensory, takes upon himself the task of his salvation; in this manner many cases fall into the hands of quacks and charlatans after they have been in the hands of regular physicians.

Besides this, the literature of the advertiser always assures the patient that a cure can be effected without an operation. This statement is an unmitigated lie, as not one case in twenty-five is ever cured by palliative treatment; and patients should know this on the first visit to any honest physician.

How then can the patient always find the proper physician? This is impossible, but much can be done by physicians if they will take more pains and interest in these cases. They should always instruct their patients properly and try to make known to the public, whenever an opportunity presents itself, the following facts:

1. That every varicocele can be cured by an operation.
2. That a varicocele that has existed for some time can never be cured without an operation.
3. That the operation is without danger to the patient and, contrary to the fear and belief of the patient, that the sexual power and the health of the testicle is increased by the operation.
4. That the operation is always a success when properly performed.
5. That the patient is disabled only a week or ten days; some of my patients having gone to work on the fifth day after the operation.
6. That all symptoms and suffering leave the patients at once; the sweating, coldness, itching and eczema of some cases at once cease; all nervousness, sleeplessness and worry cease instantly. Out of fifty-three cases in my own experience during the last five years there was not one serious complication.

Buffalo, N. Y.

—:O:—

Dr. Manges is certainly right in blaming the negligence of the profession in dealing with these cases. Why should we not charge the fees the quack exacts, but earn them by giving the case intelligent treatment, which the quack can not and does not give? In the medical profession as elsewhere, it is necessary to protect one's interests by the use of forethought, enterprise and thrift. The doctor who allows quacks to prey on his patients is not blameless.—Ed.

## WOUNDS AND THEIR TREATMENT.

By I. C. Young, M. D., Surgeon-in-Chief Mercy Hospital.

## SHOCK.

(Concluded.)

THE first thing to do in a case of shock is to lay the patient on his back, with the head low and feet elevated; loosen all tight



I. C. YOUNG.

clothing, cover him lightly but warmly, place hot water bags or hot bricks about him in bed; administer, subcutaneously, atropine, glonoin, strychnine or caffeine, as indicated; stimulate the circulation in the skin by rubbing vigorously with pieces of flannel or Turkish towels; electricity may also be of service. If vomiting becomes troublesome later on, pieces of cracked ice, strong coffee, small doses of emetine, ipecac, or minute doses of calomel are the best remedies. I very seldom use alcoholics in treating shock, as in my hands the above named alkaloids have given much better results. Many accidents occur to patients who are too much under the influence of alcoholics to have more administered, as that would simply add fuel to the fire. In such cases one should examine very carefully as to the effect of alcoholics previously taken. Some of the most alarming symptoms may be due to that alone; but though very much intoxicated he may be severely hurt, and our standing as surgeons will be very much lowered if we overlook a fractured skull or other broken bones.

We will next consider wounds proper.

## WOUNDS.

A wound is a solution of continuity of tissue by violence usually directed from the cutaneous or mucous surfaces, but sometimes from within the body as by broken bones, or subcutaneously as in contused wounds. We have incised wounds, made with sharp clean-cutting instru-

ments; punctured, made by instruments whose length exceeds their breadth; lacerated, in which the parts are torn; contused, made by blunt instruments and accompanied by bruising of the parts; they may also be subcutaneous; and poisoned, in which some infective virus is inoculated upon the raw surface. Any of the above wounds may become complicated by poisoning either at the time of injury or later on. In incised wounds the injury done to the tissues is very slight; only a microscopic layer of tissue on each side of the wound is affected and the tissues are living and ready to unite without inflammation, should nothing prevent, which is called getting union by first intention. The symptoms of incised wounds, as in most others, are pain, bleeding, and gaping of the edges, which in incised wounds are sharp and regular. Elastic or contractile tissue, skin, artery and muscle retract strongly when divided; fasciæ, ligaments, tendons and bone do not. Each of the symptoms vary very much according to the size of the wound and the tissues involved. The indications for treatment in incised wounds are to stop bleeding absolutely; even a small amount of oozing will be sufficient to keep the edges of the wound apart and prevent primary union, which is the aim of every surgeon; therefore all bleeding must be stopped before the wound is closed; vessels should be clamped with forceps and held long enough to allow clots to form in the several ends, or they should be tied with catgut.

Capillary oozing can easily be controlled with hot water, preferably water that has been thoroughly boiled and is as hot as can be borne. The application of ice or ice water will also stop bleeding. The position of the part and pressure also assist in controlling bleeding. The next step is to remove all foreign bodies. Large bodies are usually easily removed, but it requires some care to get all particles of dust, grains of sand, small bits of glass,

etc. When this has all been done we are ready to disinfect the adjacent area; this is done by scrubbing thoroughly with soap, water and brush and then bathing the parts with ether to remove all oily substances, rinsing carefully with corrosive sublimate solution, 1 to 2000. We can now proceed to close the wound. In closing the wound exact apposition of the parts should be had; this may be gotten with adhesive plaster if the wound is small, otherwise it is best to put in a few stitches.

We have a great variety of suture material, such as silver wire, silk, catgut, and kangaroo tendon. For my work I prefer catgut or kangaroo tendons, as they answer every purpose as well as wire, silk, or silk worm gut, besides being absorbed after having done their work; and I do not have to subject my patient to additional pain in removing stitches. The difference, practically, between catgut and kangaroo tendons is in the length of time before they are absorbed, catgut taking from three to eight days while kangaroo tendon will remain intact from two to three weeks, varying according to the size of the suture used. Having closed the wound we will now flush the surface with our bichloride solution and prepare to apply our dressing. My usual method is to dust Campho-phenique powder and to lay over this a few strips of bichloride gauze and then apply bandage.

If Campho-phenique powder is not at hand, I saturate a piece of plain sterilized or bichloride gauze with liquid Campho-phenique and lay it over the wound, then adding a few strips of gauze. I have found Campho-phenique in my hands to be an ideal antiseptic. It is not irritating, has no bad odor and contains fifty-one parts pure carbolic acid and forty-nine parts of camphor; it seems to be the best aid in modern wound treatment—which consists in using such care, antiseptics, and such dressing that the first dressing may remain on for several days or weeks, or until the

wound is completely healed. I do not use iodoform in treating wounds except as a drying powder and then always sterilize it. It is also serviceable to render ptomaines innocuous. I use the same care in preparing my hands that I would if I were preparing to do the most delicate operation; and I never use an instrument or a piece of gauze, even if it be medicated gauze, that has not been sterilized, and never allow a drop of water that has not been boiled to touch a wound. If we use every possible care in treating every wound and every operation, major or minor, it soon becomes practically a second nature to go through this careful preparation, and ceases to be an effort to do it, and our results will be such that we will be amply rewarded for the care taken. In my next article I shall take up the subject of punctured wounds.

Joplin, Mo.

#### THE SOUTH-WEST AS A HEALTH RESORT.

By W. C. Abbott, M. D.

I BELIEVE I can bring no more valuable message to CLINIC readers this month than to tell them something of the reconstructive possibilities in the climate of the table-lands of the great South-West.



W. C. ABBOTT.

For personal reasons I spent the month of April in New Mexico revelling in the sunshine, its balmy, ozone-laden air and its warm days and cool nights; and I can not say too much in praise of it all for those who are in a condition to profit thereby.

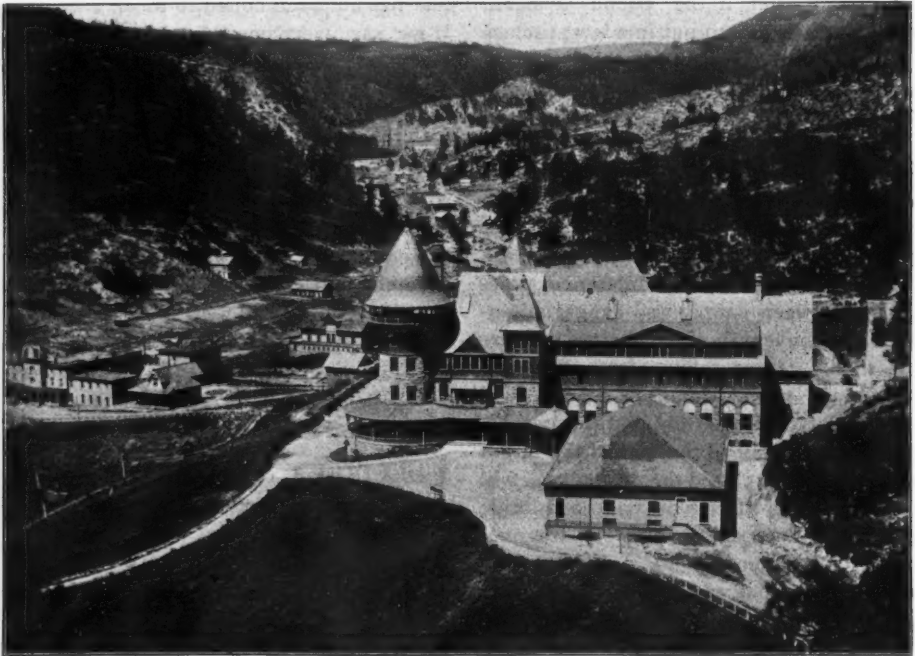
Much misapprehension obtains in the minds of the profession, which leads to the sending of thousands of invalids to Colorado, New Mexico, etc., who should be sent somewhere else or kept at home.

The statistics of the transportation companies, carefully compiled in the interests of each locality, go to show that about sixty per cent of all the invalids who now come into this country do not go out of it alive.

New Mexico really lies to the south further than any of our States excepting Florida; but its mean elevation of 5,600 feet above the level of the sea brings it,

around, and yet there is no night so warm but where from two to four woolen blankets are comfortable. My point was Las Vegas, a quaint old town on the Santa Fe route, and my time was largely spent at Las Vegas Hot Springs, six miles out.

The view here shown of the Sanitarium and the surrounding canon-country is from a remarkably good photograph taken by one of the guests. The amount of re-



THE MONTEZUMA (NEAR LAS VEGAS, NEW MEXICO.)

in point of coolness, to compare with the New England health resorts. Give Vermont and New Hampshire practically no rain-fall and little or no vegetation, thereby removing about every vestige of moisture from the atmosphere, and in the month of June you would have a climate with warm days and cool nights much like that of New Mexico.

In other respects there is a vast difference; though the nights are cool they never approach to any degree of severity, so that many invalids even are allowed by their physicians to sleep out of doors the year

duction will be apparent when you realize that the black speck by the fence in the foreground is all the photograph has to show for a good-sized house.

This plant, owned by the Santa Fe Railroad, already represents an investment of several millions of dollars and is under the direct medical supervision of Dr. W. C. Bailey, of New York City.

Dr. Bailey is a man eminently fitted for this master enterprise, and gives to it the skill and knowledge acquired in years of painstaking research such as few men have the patience to make. The other-than-



professional management is relegated to Major Greenleaf, of Chicago, and the Company is fortunate to have its business in such good hands. In the center of the picture is the Sanitarium proper—the Montezuma. In the immediate foreground is a lecture and entertainment hall, while to the left are to be seen the barns and an overflow Sanitarium, leaving the mind to picture the bath-houses, power-house, depot and a gem of a hospital over to the left outside the reach of the camera.

To get an idea of the grandeur and extent of the surrounding country do not forget the comparison of the house in the foreground. The canon scenery up the creek is typical of that country, and is as beautiful as any the writer has ever seen.

Here, in short, will be found every convenience and every facility to enable the health-seeker not only to find what he seeks but to enjoy himself while doing it. The buildings and grounds are brilliantly lighted with electricity; steam heat is available at all times; the dining room service is excellent; and here in this remote corner of civilization will be found every comfort and convenience of modern home life.

Being in close touch with the management and having plenty of time at my disposal, abundant opportunity was given me to learn of the medical workings of the institution as typical of that done under similar conditions throughout this most interesting and important health-resort country; and I am firmly convinced that the table-lands of the South-West are the Mecca to which a certain class of invalids should and may go, confidently expecting, under wise supervision, to get back the health which they are otherwise destined to leave.

In reply to my query as to what message I should take from him to the CLINIC family (Dr. Bailey is one with us), the doctor said, "Tell them to stop sending their advanced second and third stage consumptives and their very sick into this country;

to stop sending patients here to 'rough it'—for by so doing they send them only to die, in many instances quicker than they would die at home.

"This is the climate for the wavering constitution; for the patient who has the beginnings of disease; for him who has congestion of the kidneys, the liver or any internal organ; for the dyspeptic; for phthisis in its first stages before serious lung destruction has taken place; in fact, for anyone who can be benefited by the change of circulation consequent to the altitude and through the vivifying properties of this wonderful mountain climate."

Dr. Bailey is right, and when the profession comes to realize the climatic possibilities of this region, Colorado, New Mexico, and the Southwestern table-lands in general, will be one vast health resort for the peoples of the civilized world; for nowhere, at home or abroad, can conditions be found so well suited to the accomplishment of this purpose as these above outlined.

Chicago, Ill.

#### GASTRO-INTESTINAL DISTURBANCES.

J. M. Shaller, M. D.

IN the treatment of acute gastro-intestinal diseases of childhood, the question of food should receive our first consideration.



J. M. SHALLER.

It should be completely withdrawn, at least for twenty-four hours. In severe cases this is not only important, but necessary.

To allay thirst, distilled or boiled water, or some aromatic tea, as anise or chamomile, may be given freely, and if there is much fever it should be given cold.

Calomel, gr. 1-10, and soda bicarbonate, gr. 1, are then administered every half-hour, if vomiting and diarrhea are severe, until the stools become darker in color. If the

symptoms are mild calomel and soda are given every hour. As soon as the stools show the effects of calomel, sulphocarbolate of zinc, gr. 1-4 to 1-2, with codeine sulphate, gr. 1-24 to 1-48, or copper arseniate, gr. 1-500, with codeine sulphate as above, may be given every one or two hours, depending upon the frequency of the stools and the severity of the pain. As improvement becomes marked the remedies may then be given every three or four hours. If there is much fever present and the hands and feet are warm, aconitine may be added to the above prescription.

Cool baths of half an hour's duration will be found to reduce fever quickly and pleasantly in hot weather, and may be repeated every three or four hours if the fever returns. If the extremities and the body are cold and covered with a clammy sweat, even if the rectal temperature shows an increase of four or five degrees, the patient should be put into a hot bath for half an hour. Glonoin, caffeine or strychnine are the remedies indicated. Heat should be applied to the extremities until reaction occurs. If vomiting and diarrhea continue, calomel and soda, to be followed with zinc and codeine, should be administered as indicated above.

It should be remembered that no milk or any other food ought to be given for twenty-four hours. Barley or rice water may then be administered. At the end of forty-eight hours if improvement is marked, *i. e.*, if vomiting has ceased and the stools are thicker, of better color and are reduced in numbers, the child may be allowed to nurse every three hours. Cool water should be given in the interval to allay thirst. If there is no improvement, milk must not be given. Bovinine, or peptonoids with creosote may be given indefinitely, or until the stools are normal. Then milk may be resumed.

If the mother's milk cannot be digested, which may show itself by the child vomiting, having colic or diarrhea, or by the

presence of yellowish-white masses in the stools, we should proceed as before, giving calomel followed by seidlitz salts, if you will. Thoroughly clear out the bowels and follow the treatment as described above. Give no milk for several days, but Bovinine in ten-drop doses, or liquid peptonoids, fifteen-drop doses every two or three hours. When milk is fully resumed Lactopeptine, gr. v, or Peptenzyme, gr. iij, should be given with each meal. If still the milk cannot be digested, recourse must be had to Horlick's malted milk, Nestle's food, or Mellin's food.

Infants fed upon cow's milk always need extra care. The milk should be thoroughly sterilized. The nursing bottles should be boiled frequently. Long rubber tubes must be discarded, and only the thimble nipples allowed.

Cow's milk should be discarded at the first sign of gastro-intestinal disease, and liquid peptonoids with creosote or Bovinine should be substituted. Until cool weather sets in, it might be best to feed the child on malted milk or some other similar food. Perfect cleanliness, frequent bathing, fresh air, and restricted diet will greatly limit the number of diseases under consideration. Keep the babies cool; keep them out of doors in the shade, away from hot, close rooms, not only during the day but even all night if necessary during the extreme heat.

To briefly recapitulate: Calomel as an antiseptic evacuant, sulphocarbolate of zinc as an antiseptic astringent. Copper arsenite as a stimulant of cellular elements so modifies secretions that it restores abnormal to normal conditions. Codeine sulphate as anodyne also checks secretion and peristalsis. The above medicines are usually all that are needed. There may be at times special indications requiring other medicines; but the most difficult problem to consider in treatment of gastro-intestinal disturbances is not medicines but food.

Best results are undoubtedly obtained

by total withdrawal of food, until it is known for a certainty that the stomach and intestines are thoroughly emptied of their fermenting contents and are rendered aseptic. This is most thoroughly accomplished by calomel in small doses frequently repeated until the stools show by their change in color, usually a dark golden brown, that calomel has produced some change throughout the intestinal contents. Calomel should be followed by some anti-septic, preferably zinc sulphocarbolate combined with codeine if diarrhea is profuse or pain is severe. Boiled or distilled water for the first twenty-four hours. Barley water for the next day. Then if improvement is marked the child may be allowed to nurse every three hours. Just as soon however, as there are evidences of the milk not being properly digested, *i. e.*, if there is diarrhea, vomiting or pain, stop giving milk. There is 'absolutely no need of medication if milk is continued when its presence alone produces the disease. There is no danger of starving an infant within two or three days if it gets plenty of water. Bovine and liquid peptonoids with creosote are highly concentrated and nourishing foods which produce no waste. By keeping the patient a full week on such food the intestines are kept comparatively empty and at rest, and free from irritating masses such as improperly digested casein produces. Decomposition is not encouraged and the stomach and intestines are kept in as favorable a condition as could be wished for.

Dorsett recommends the administration of strychnine phosphate as a tonic during the pregnancy of weakly patients, and instead of ergot, after the child is born.

When a man calls on a doctor to attend a third party, without stating that he comes as an agent or messenger, the person so calling the physician is legally liable for the bill.

#### SPARKS FROM THE DENVER MEETING.

Gold does not salivate.—*Brower.*

Inconstancy of vocal fremitus at various times in the same case is significant of tubercle.—*Beggs.*

The front of the chest is better than the back for comparison.—*Ingals.*

Muscular susurrus is a source of very great error in auscultating the lungs.—*Beggs.*

Carefully put every chest muscle at rest before listening to the chest, for muscle sounds may be mistaken for thoracic.—*Bridge.*

A man must examine 1,000 chests before he is competent to detect slight differences in the lung sounds.

Symptoms of fibrosis below the intra-lobular fissure are strong evidence of serious disease above it.—*Bridge.*

Prolonged, forced expiration often renders a diagnosis possible when it could not be made otherwise.—*Bridge.*

Lienteric diarrhea may be neurotic or atrophic.

Symptoms: Gas, increased peristalsis, little pain, subnormal temperature, rarely bulimia, increase of mucus.

Treatment: Hydrochloric acid and pepsin; tincture of iron; sometimes bismuth; intestinal antiseptics if indican be present in the urine; arsenic; Mercauro.—*Jones of Buffalo.*

The red corpuscles multiply to 8,000,000 at an elevation of 14,000 feet.—*Whittaker of Cincinnati.*

Tubercular peritonitis is cured by exposure to the air. In the lung the effect is not so good.

Altitude cures by cold, dryness, sunshine, ozone, freedom of air from bacteria, most by rarefaction. Lessened pressure means low oxygenation. Cells multiply and are smaller in size.—*Whittaker.*

We should not employ a secret remedy, even if we believe it the best for our patient.—*Eccles of New York.*

[Is he right?]

Bronchial breathing with diminished vocal resonance nearly always means tuberculosis.—*Tyson of Philadelphia.*

Throw into the colon a pint of blood, in salt or soda solution. Most of it is absorbed. In a case of pernicious anemia, the patient gained twenty pounds in three weeks.—*Whittaker of Cincinnati.*

Two-thirds of all autopsies show the presence of tuberculosis. As one-third of the race dies of this, one-half the cases recover. What cures them? High altitude.

In mixed infections the toxins aid each other by symbiosis.

How does creosote aid? By its effect on nutrition. [Intestinal antisepsis?]

The only true inhibitors are the tuberculins. There is nothing so subtle in medicine. The evils are due to impurities only.—*Whittaker of Cincinnati.*

Electricity for lenteric diarrhea.—*Bridge of Nebraska.*

In lenteric diarrhea, the absence of pain, mucous discharges and emaciation, in stout, hysteric, middle-aged women, excludes catarrh.—*Jones of Buffalo.*

Cases occur where lenteric diarrhea disappears during pregnancy and recurs at its close.—*Stockton of Buffalo.*

Melancholia, enteroptosis and gastric atrophy coexist.—*Joslin of Boston.*

[In 1894 Dr. Waugh called attention to this combination in a paper read before the Chicago Pathological Society; the report based on observations at Dixmont Insane Hospital in 1872. The melancholia was invariably suicidal.]

A warning symptom is often crushed by a pathological club.—*Elmer Lee of New York.*

The patient's mind is usefully occupied by the drugs, while other influences accomplish the cure.—*Elmer Lee of New York.*

[Lee gives very fair samples of the pessimism underlying the old, miserably uncertain, Galenic therapeutics.]

Lienteria depends on catarrh of the bowels, with or without tuberculosis. We may have good intestinal digestion even with the absence of pepsin and hydrochloric acid.—*Anders of Philadelphia.*

[Not one of the speakers mentioned the frequency of lenteria with nephritis.]

Diabetes has increased as the use of glucose, as a food-adulterant in beer, candy, syrups, etc., has become common.—*Eccles of New York.*

[How about Paskola?]

Too little attention is paid to the selection of cathartics.—*McDaniels of Mobile.*

The Chicago Sanitary Flour made from a pine nut is, when cooked, practically free from sugar and starch, and hence excels all other breads for diabetes.—*Davis of Chicago.*

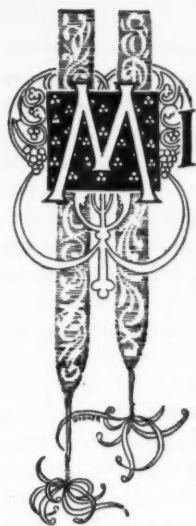
Cinchona solutions, taken frequently, often lessen the need and the desire for alcohol.—*Crothers of Hartford.*

Hansell recommends pilocarpine for retino-choroiditis, not syphilitic.

Hyoscine hydrobromate is *La Clinique's* best remedy for delirium tremens.

A little blood discharged at stool by an elderly person is ominous of cancer.

Violi treats whooping-cough by injections of serum from vaccinated calves, basing the proposal on the cure of this disease by vaccination. This is a popular belief among the Germans, and the writer has often had children brought to him to be vaccinated for whooping-cough. The results favored the belief.



# MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

## ALKALOMETRY IN SENILITY.

*Editor Alkaloidal Clinic:*

—Long ago it was said by those who did not try yet opposed our method, that alkaloids were dangerous to administer to infants. This was abundantly refuted by many Alkalometrists, from the venerable Burggræve to our own venerable Coleman. Then it was said by the same class of untrying opponents that most alkaloids, with the exception of a few, were dangerous any way to any patients at any age. It was contended that uncertain preparations from plants were safer than the certain definite chemical bodies derived from them.

This opposition proceeded rather more from commercial than from a humane and always-to-be-respected conservatism. But the truth, Alkalometry, prevailed, is prevailing, and God helping the cautiously progressive and honest Alkalometrists, it shall more abundantly prevail.

Experienced physicians know well the difficulties attending the administration of effective medicaments to the agedly advanced and infirm patients. In them the *vis medicatrix naturæ* is weak, because their *vis vitæ* is also weak. If we are not willing in such cases to be expectantists but are rather anxious to rob the undertaker of his expected job, for a while at least, we must be prompt with the right remedies, of which, acting promptly, we can watch the effects on the spot before we leave our patient for the next visit. In cases like this our Alkalometric method is "a friend in

need, a friend indeed." With the truth of this I was so deeply impressed in a case, which I hope to dismiss soon, that I am not willing to leave it unreported in the CLINIC.

Mrs. M. is eighty-five years of age. Fifteen years ago she was thrown from a horse, from which accident she retains to this day a constant pain more or less severe at times, in the left renal region. About five years ago she had a paralytic stroke which slightly affected her right upper extremity, but greatly impaired her powers of speech and less so her mentality. At that time I first saw her. I did not know much of Alkalometry then.

As the renal secretions were rather scanty I suspected that her system was working with but one kidney, owing to the above-mentioned injury, and that a deficiency of renal elimination complicated further the justly-to-be-expected existence of a senile arterial sclerosis at the base of the brain. Tonics and diuretics were then beneficially exhibited.

Since then, with the exception of slight transient ailments, she has enjoyed comparatively good health, her appetite and digestion being good, even better than could be reasonably expected at her age.

Some six weeks ago she was attacked with a severe pulmonary catarrh, with respiratory deficiency in the lowest part of her right lung posteriorly. The rest of the lungs were as nearly normal as senile lungs usually are, with more or less mucous rales. The pulse was 96, temperature 100° F. respiration 28. She was ordered to go to



bed and keep there till she was much better. She was put on strychnine arseniate, gr. 1-134; sanguinarine nitrate, gr. 1-67; and asclepidin, gr. 1-12, together in capsules, every three hours. Separately, aconitine amorph., gr. 1-134, every half to one hour, till I should see her again in twelve hours.

This treatment, with the aconitine left out when the pulse fell to 80, relieved her in some four days so much that I did not deem it necessary to see her for the next three days, leaving her the above remedies for that time, unless some untoward change occurred when I was to be called at once. This was ordered late on Friday p. m. Monday morning I was informed that she was not so well, that a diarrhea had set in. Meantime I learned that a good neighbor had sent my patient on Sunday quite a variety of tempting dishes of various meats and cakes of which she partook more than was good for her at this time. I found her pulse 105, temperature 101° F., respiration 28, tongue, lips, and teeth loaded with sordes; some vomiting; thin, green, very malodorous, frequent alvine discharges; considerable prostration. This intestinal condition might have taken place as a resolution, a metastasis of her pulmonary catarrh, but I rather concluded that that relishly accepted neighbor's donation acted mischievously.

Now, my dear Dr. Waugh! If ever your teaching helped any of my patients, it did so pre-eminently at this time. I did not care to stop the discharges with any astringent as I would have tried to do under the old methods, but I did care now to disinfect the alimentary canal antiseptically. Continuing the former remedies I began to administer that invaluable Shaller-Abbott zinc compound, one every hour, till the discharges became less frequent, then every three to five hours, just to control but not to stop the evacuations. But I gave the Waugh-Abbott Intestinal Antiseptics, one every hour, till in three days the discharges became odorless. About the fourth

day there came a muco-sanguinolent, membranous-like, inodorous alvine discharge, after which, *mirabile dictu*, the discharges were perfectly natural and but twice in twenty-four hours.

During the height of the intestinal disturbance the cough became very troublesome; expectoration tough, abundant, at times blood-streaked, patient unable to spit them out when in the supine position, her head had to be turned to one side and the sputa removed on a soft rag. The sordes were readily removed by swabbing the mouth with Marchand's Glycozone. She complained also of a difficulty in swallowing and pain in the throat. I did not care to institute an examination then, considering my patient's condition too precarious for her to be handled for such a purpose. In addition to the other remedies she received at times glonoin, gr. 1-250; nuclein, two granules, and quinine arseniate, gr. 1-6, together.

She is now on strychnine arseniate, gr. 1-137; nuclein, two granules; and asclepidin, gr. 1-12, together, every three to four hours. As nutrient restoratives and stimulants she received Bovinine, Maltine with coca wine, egg-nog, egg-albumin water, and milk. This old, infirm patient is now evidently convalescing.

In closing let me say that I never despaired of this my old patient and friend's life. Was that confidence begotten by my confidence in the Alkalometric method, or by recent readings in the Hypnotic Magazine, which induced me to suggest to my old friend that she was getting better, for which she gave me such grateful looks from her tearful old eyes? Or was this that indescribable certain something that whispers into the sympathizing physician's being, telling him, "Your patient will live, work on"? Or were these all combined? I know not! Certain it is that I was the only one in that large company of the patient's sons, daughters, daughters-in-law and quite a goodly number of good neighbors,

who did not expect that friend to die just then. An officious son taunted me about my little pills and asked me what I gave them for, indicating by look and gesture that I couldn't fool such a knowing one as he was and that I was giving useless medicine merely *pro forma*. And my patient's minister, too, I found one morning came accidentally on purpose, and instituted a loud death-bed prayer-meeting. I let him know speedily by a third party that he was not *pudent* (I write it purposely without an *r*) in doing such a thing without first consulting me. And a daughter-in-law brought her little children to grandma to bid them goodbye. And yet for all that, these and other things, thank God, Alkalometry, suggestion, most excellent and faithful nursing, disinfectants within and without, and a good residue of a good old-fashioned constitution, my friend and patient is alive and convalescing.

E. M. EPSTEIN, M. D.

West Liberty, W. Va.

#### OSTEOPATHIC DECEPTION.

*Editor Alkaloidal Clinic:*—A concern in Chicago, claiming to teach the alleged science misnamed osteopathy, makes the following remarkable statement relative to its so-called courses, in circulars which are sent broadcast over the country:

"Terms of study are so graded and the courses of study so broad and complete that they comply with all the requirements of the Illinois State Medical Board, and allow our students two years' credit on a regular medical education. These credits are recognized in any medical college in this country and will be equivalent to two years' work done there."

If by the "Illinois State Medical Board" is meant the Illinois State Board of Health, the assertion made in reference to that body is a lie in the fullest acceptance of the term. It is not true furthermore, that the "credits" named are recognized in any medical college in this country. On the contrary it is exceedingly doubtful if a

single reputable medical institution will grant any advanced standing whatever to applicants from this and other "colleges" of similar character. Should however, this be done, it is needless to say that the institution or institutions concerned will receive no further recognition from this Board, and it will be remarkably strange if the various State Boards of Medical Examiners throughout the Union will view such irregular proceedings with complacency.

As the circulars are calculated to deceive the unwary, and to cause prospective graduates in medicine to waste two years of time, I will ask you to give this letter a prominent place in your journal in order that the facts in the case may be widely disseminated.

J. A. EGAN, M. D.

Secretary, Illinois State Board of Health.

Springfield, Ill.

#### THE GOOD TIME COMING.

*Editor Alkaloidal Clinic:*—I am a new subscriber to the CLINIC, but already I prize it more highly than any other journal I receive. It is equal to a course of lectures to any physician. In the few cases where I have used the alkaloidal granules, I have met with most excellent results and will continue using them in my practice. The day is fast approaching when the dosimetric method will be universally adopted. Many physicians are actually afraid to adopt the system, for fear of a criticism from some boxed-in member of the profession, or from a false idea that they are leaving the ranks of the regular profession. When they become convinced that dosimetry teaches a more perfected system of therapeutics, that they are remaining right in the ranks but must keep pace with the scientific improvements of the age, they will be reconciled to being in our army. Powder and lead are still used, but science has perfected a method which

renders them far more potent than of old. Dosimetry only teaches a more perfected form and dosage of the remedies used by the profession at large; so in adopting dosimetry we are simply reaching higher, advancing a step farther, in rational scientific medication.

I am another who would like to pay more and obtain a copy of the CLINIC twice per month.

W. P. HOUGH, M. D.

Columbia, La.

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The CLINIC is simply a real medical journal, written by real doctors, describing real cases and the real experiences and difficulties they meet in real practice. We haven't time or space for Hippocrates, or for prolix compilations from German cyclopedias and year-books. The present is good enough for us, with a keen glance into the near future.—Ed.

#### HOW A CASE WAS LOST.

*Editor Alkaloidal Clinic:*—At 1 a. m., May 9, I was called to see a two-year old child. New in the family, I desired to make a good impression, and confidently expected every dose of medicine to aid in the recovery of the patient. I found the child cool and pale, just recovering from a prolonged spasm. The parents and others were very frightened. I forced the child's mouth open and dropped in a granule each of hyoscyamine and atropine. The effect was good, and I prepared a solution containing aconitine, veratrine, atropine and hyoscyamine to keep down fever, and to prevent further spasms. When the folks saw my granule case open they asked if I was a homœopath. I told them that I was not, and took some pride in explaining.

After watching the patient for an hour or more I considered it safe to leave, first laying out one grain of calomel, 1-12 to be given every hour. At 8 a. m. the child

was resting quite well, but with a temperature of 102.4° F. At 1 p. m. the temperature had risen to 103° F. This was a little disappointing, and I thought I would make myself safe and improve the condition; so I dissolved aconitine four granules, veratrine four, and copper arsenite two, in sixteen teaspoonfuls of water, to be given every half hour till it had some effect on the fever. I added the copper arsenite because the patient's breath was sour and the general condition indicated auto-intoxication. I told the mother to give a large enema to clean out the rectum and colon.

I left feeling sure I had done right, and congratulating myself on having been called into a new family.

At 4 p. m. the father came to my office and informed me that he had taken another doctor to see the child, as the fever had continued to rise and had caused two more spasms. So the father hurriedly called the old family physician, and he had administered a dose or two, which brought the fever down to 101° F. in less than an hour.

Of course my pride was hurt and my confidence in the power of the granules was shaken. I had increased the granules, so that there could be no doubt as to the reduction of the fever.

I am unable to explain why my medicine failed to do its duty. Of course one cannot expect to have immediate success in every case, but I was considerably chagrined to have the failure occur in this particular case.

E. D. MEEKER, M. D.

Trenton, Mo.

—:0:—

You should have opened the ball by a brisk emetic, following with Saline Laxative. Besides this your weapons were well chosen and probably had done good, which the other man got credit for. We've all been there, with all sorts of medicines.—Ed.

## NOTES ON MAY CLINIC.

*Editor Alkaloidal Clinic:*—In your editorial about the Denver meeting, you say of the American Medical Association, page



E. M. EPSTEIN.

257, that it is the "representative of the entire American Medical Profession." Has that Association become so liberal as to receive the Homœopaths, the Eclectics, etc., into its membership? Or do

these not belong to the medical profession of America?

"Abdominal Disease," page 316, is not as definite a name as it is a convenient one. It may pass on the authority of Rademacher's *Bauchmittel*. But the complicated case in point did not, perhaps, admit of a precise diagnosis; and the doctor's alkalometric "bird-shot" remedies went each right to its several point. Of special interest in this case is the exceptional subnormal pulse, cotemporaneous with a supernormal temperature.

"Air in the Uterus" page 318, its danger to the unborn child, is an interesting article, touching a point not often spoken about. Cecil's "gas method" takes no account of the child's life, referring only to flooding.

Acetanilid, Dr. Guinn's article, page 320; a big spoonful was taken by mistake, without any more evil consequences than a subnormal temperature and an indigo-blue hue, but the heart was steady, and pulse 85 per minute. Has any one given a plausible reason for such cyanosis without disturbance of the circulation, or any other alarming symptoms? It does not seem to be caused by an arrest of catabolism, or by an accumulation of carbonic oxide in the blood. Is it merely an action of anilin on the coloring matter of the blood?

Alcohol is reassuringly defended by the same doctor, page 318, as a substance which

readily oxidizes in the system, and therefore of great remedial value in such febrile diseases as typhoid and pneumonia, reducing heat and saving oxidation of tissue. The truth about the remedial value of alcohol has not been promoted hitherto by those who reject it as such, because of its frequent abuse as a beverage in health. Total abstainers have not succeeded in monopolizing either science or virtue.

"Antisepsis, Intestinal," is largely occupying the thoughts of the profession at the present. One editorial in this CLINIC gives a review of an essay on this subject, page 270. In some diseases this procedure alone may be curative, and in others it is an important adjuvant. We are beginning to see more and more that sepsis is the underlying cause of many diseases; and seeing also the reasonableness of antiseptic remedies, we are willing to try them. We are pleased with the results, and with none more than with the sulphocarbolates in the W-A Intestinal Antiseptic. There was a time in surgery when antisepsis was deemed a *sine qua non* in every operation. It did not last long before it was discovered that simple, but rigid, asepsis alone was sufficient. In internal medicine complete asepsis is impossible of attainment. In health, too, a certain measure of sepsis exists, against which is the natural provision of phagocytic leucocytes. When the balance between these two is disturbed then pathogenic hypersepsis may result in various septic diseases. It seems, therefore, reasonable to combat internal hypersepsis best not only with the sulphocarbolates, or other antiseptics alone, but to add to them, either incorporatingly if compatible, or separately if not, that nutritive of the leucocytes, Aulde's Nuclein. What think ye of this, ye thinking readers?

No doubt you are convinced that the doctrine of "Auto-intoxication," is a fact. Moreover, there can be but little doubt that the gastro-intestinal canal, just because it

is the *prima via vite*, therefore it is also the *prima via morbis*, arising from auto-intoxication.

In "A Friendly Chat," page 314, Dr. Slavenstinks "it would be capital to have a big (alkalometric) camp-meeting." I see no need of it as long as we are not stiffened up by the formalities *more ecclesiarum*, where one man has all the say and any living spontaneity from the audience would be regarded as a shocking breach of decorum, where the shell is progressively hypertrophical at the expense of the atrophying kernel. Were this our condition, then a camp-meeting, change of air and manners, would be clearly indicated as a truth-promoting relief. Thank goodness, we are yet neither school nor sect but simply a spontaneously growing brotherhood of physicians, who simply emphasize certain medical truths long known before but neglected. Our monthly camp-meeting is our CLINIC, in the which, judging from the past, no one is to be squelched in either his hallelujahs for or growlings against the abolition of the supposedly safe *parvum in multo* doses of galenical preparations. And yet, greatly enjoyable would it be to meet and sit together with the brethren of alkalometric truths and unity.

"Heredit, Studies in," page 272, is a very brief but very important editorial hint, which deeply concerns the study of biopsychology. The editor's hint may explain the often sadly observed fact of the moral degeneracy of clergymen's sons. It would also serve to warn clergymen to be doubly watchful in the education of their sons, and not rely too much on the promises at the expense of human effort.

"Medication, Scientific," page 270, and "Alkaloidal," page 275, are articles for which we who have committed ourselves to the practice of Alkalometry are to be specially grateful. They give the incontrovertible reason for the faith which is in us. And yet, it is to be feared that commercial interests will continue to foster

popular ignorance of the benefit of Alkalometry. But the promise is that truth shall prevail.

A "Review of French Alkaloidal Therapy," page 279, by Dr. Linn, is very informing. I have waited and longed for such information. The treatment of gonorrhea by Tousaint, and of pneumonia by the same, ought to be tried by us and reported upon. The treatment of whooping-cough does not recommend itself as highly.

What are the "expectorant granules"?

It is gratifying to hear of grand-master Burggraevae, and to know that he has not passed yet. The figure and sturdy character of this grand man remind me of the historic characters of Nehemiah, Peter and Luther, and their faults, too, which all such characters have. The oak is often gnarly.

"Mediastinal Pain," page 310, induces me to ask whether any one of our readers knows the title, author and publisher, of an American book on the diseases of the Mediastinum? I know there is one, for I read a very favorable notice of it some years ago in the *Vratch* [By Hobart A. Hare, of Philadelphia.—ED.]

"Nature's Laws, page 268, by the editor, is the instructive talk of a true eclectic mind, keeping constantly to the true poise of the happy mean. And as I read it, I asked myself: And if a man were enabled to live up completely to nature's laws, would he not die? And death, to my thinking, is the most unnatural thing of all things in nature. Is not therefore death the evidence of an hereditary racial violation of nature's laws? "For there is hope for a tree if it be cut down, for yet it may but change, and its nursing life will not fail. Should its roots age in the earth, and its stump die in the dust, it will sprout up from the scent of waters, and make a crop as does a seedling. But valiant man dies, and he weakeneth; and the Adam breathes his last, and where is he? If valiant man



dies, shall he live? All my militant days I shall expect it until cometh my exchange." So speaks the writer of the profound book of Job. (Chap. 19.)

Then the editor comes to speak of woman, and his style becomes gay; and yet it is battling with the severe truths of his thoughts, and the sentences come down like the telling switches from an elegant, gracile, but keenly smarting whip. Oh, that these might be correctively felt by our dear ones, so that they might step with us in the steady track of domestic life, rather than prance uselessly with the gait of the race-track!

"Phasephobia," page 311, induces me to report a somewhat similar case. Male, past sixty, of good physical descent from both parents and their families; from his father's side inherited good intellectual and moral qualities, but also an impetuosity and sensitiveness which could not brook or be indifferent to any disrespect from great or small. It happened that an ill-behaved town-gamin, whom he rebuked for improper conduct, retaliated by jeering him with a peculiarly invented groaning grunt. The other town gamins readily caught on to this grunt and annoyed the old gentleman with it. His manifesting annoyance at this of course increased the frequency of it on the part of the gamins. At last the matter became serious for the old man's peace and even integrity of mind; for any sounds resembling that peculiar grunting jeer painfully excited him. It cost him great moral and mental exertion to overlook this annoyance, in which he at last succeeded. You may call it auto-suggestion if you choose, but sensible mental action is enough.

Spermatorrhea, has two exceedingly interesting papers in this CLINIC. The one by Dr. Neiswanger sets out with the reaffirmation of the old idea that the gravity of this disease lies more in "the powerfully depressing mental effect" of it, than in the objective physical symptoms. Well,

be it so. But we know that sexual erethism is started by mental action. And is this disease, an integral part of that erethism, an exception? The doctor states that "the disease is functional in character and dependent upon an atony and relaxation of the ejaculatory ducts and seminal vesicles." Does the doctor assume that the sperm in the disease is not pathologically increased but is in normal quantity, and that the trouble is only in the efferent channels, which are unable to hold the sperm back? Do they act sphincter-like in health? May it not be the contrary? May there not be an abnormal, a hyper secretion of the sperm, forcing its way out through the normal channels? Must not this question influence the therapy, be it with drugs, electricity, cold, heat or massage? Has it been satisfactorily established when the sperm is secreted? Is the secretion of it a constant act, or only on the occasion of sexual erethism? The little sperm that is always found in the testicles may only be the residue of a former erethetical secretion.

The remarkably well-reported case of "Seminal Emissions," page 312, by A. B. C., seems to favor the idea that the disease is rather a hypersecretion of the testicles than one of the efferent ducts.

E. M. EPSTEIN, M. D.

West Liberty, W. Va.

#### EPILEPSY.

*Editor Alkaloidal Clinic:*—Suggest to "Texas," May CLINIC, page 312, that for epilepsy he try iron hydrocyanate, half a grain four times a day. Eighteen months ago a ten year old girl presenting symptoms like his case began the iron treatment, and at once began to improve. She is now the picture of health. This remedy is very fine for hysterical and other nervous troubles.

J. S. MORRIS, M. D.

Clarendon, Texas.

—:o:—

But how about the epilepsy? We all know iron will improve the general health.—ED.

## FROM A DOCTOR'S WIFE.

*Editor Alkaloidal Clinic:*—I, with many other doctors' wives who think, am a close reader of the CLINIC and appreciate the liberal fair-mindedness of the journal, the genial good sense of the editors, the pleasant bits of humor, etc., quite as much as do the doctors themselves. But beyond that enjoyment is the deeper realization that you are advocating and fighting for the only really accurate, scientific method of medicating the human system against disease. I come of a long line of doctors myself, and two years ago last October I married the best doctor of all (of course).

We came home to a little mining town in North Texas, where my husband was practising in the mines and incidentally investing pretty heavily in them too. One day while looking about his office I found a sample copy of the CLINIC, October, '95. I took it home and read it from cover to cover, was charmed and converted at once by the only rational idea of accurate medication I had ever seen advanced. I had long had a secret contempt for the old-fashioned tinctures, etc., a bit of medicine and a lot of trash or poison, for I am a bit of a chemist myself.

I mention all this because I plume myself on the fact that I converted my husband. One day I said to him, "Do you take this journal and what do you think of it?" "No," he answered, "that's just a sample copy. I have had several but have been too busy to read them. I think it is a homœopathic journal. I never paid any attention to it." I did not begin an argument but I subscribed for the journal at once, and got the little premium case for my husband, a little Christmas gift. I selected a few of the granules that I knew he was already familiar with in the old form, and waited for results. And they came quite satisfactorily. I devoured the journal, and the little case

converted my husband; and of course seeing his wife so absorbed in the new journal aroused his curiosity. Ah! I take that back—only women have curiosity—in men I believe they call it a spirit of investigation.

Be that as it may, the good work was done. Soon after that a crash came, the mines shut down and the booming little town died. And we moved South, too sad to stay to the funeral, for it was also the funeral of our little fortune. It's well we came South, for one can live well on more poverty in the South than anywhere else.

Since then we have had a struggle, and have dropped our journals one by one, until we have only half a dozen left, and the CLINIC heads the list. Occasionally we have had a little cash to spare for granules and have kept the faith intact.

Doctor has done some fine work with the granules. We are much interested in Nuclein; have done some fine work with it—on myself once, when my life was a burden from weakness and exhaustion, and I had to try it on a little sister, when other tonics had failed without it. I hailed your suggestion about the relation of Nuclein and antitoxin with genuine enthusiasm, because it agreed with my own theory and of course all think their own theories correct.

I am amused at some of the comments on the failure of the granules. The best of tools are bungling in the hands of unskilled workmen; and there is no doubt about the alkaloids being the best and safest tools made for tinkering with the human body. When you succeed in making an automatic granule case, so that the doctor can just look at the patient and press the button and the right medicine and directions come forth, you will have done just what will suit some of the profession. They want the medicine or the medicine-maker to do their thinking. However they are not all like that. God bless

them! They are a grand set of men on the whole.

We are coming to Chicago next year to visit the CLINIC, and incidentally to sit at the feet of Gamaliel (Dr. Waugh) and take a course of lectures.

I send you herein a little manuscript sketch which I thought might be interesting or beneficial to CLINIC readers. If you think so, use it; it is a labor of love for the CLINIC. If you think not, return it; I will redress it and use it elsewhere. I know you have no department for such miscellaneous sketches, but what do you think of such a departure from the strictly business? I daresay a number of doctors with a literary turn, and of doctors' wives who use their heads, might contribute at least one short sketch for each month. If you don't think this article enclosed suitable, and think I could send you anything to suit and help your readers, suggest it to me and I'll try.

Please pardon the length and prolixity of this letter. I couldn't say what I wished to say in fewer words.

Success to the CLINIC! It is the doctors' friend. Doctor and I often wish we could go to Denver in the CLINIC car, but we will have to miss the inspiration of that gathering this year, and content ourselves with the poor stay-at-homes.

"FRAU DOKTORIN."

Galveston, Texas.

—:O:—

The touching little sketch accompanying this letter is not exactly in the line of alkaloidal medication, but we have read it with so much interest that we must also give it to our readers. It will appear in next month's CLINIC. It lifts a corner of the veil and gives us a glimpse of one of those hidden cankers that eat the life and soul out of a woman, while we are vainly endeavoring to find a system of roborants that will restore her health and reconstruct her nervous forces. "Canst minister to a mind diseased?" Yes, surely; else are you

no true physician, but wanting in the true, God-given insight that enables one to look beneath the surface and detect the sources of the poison that envenoms the fountains of existence.—Ed.

#### NUCLEIN IN MALARIA. RHEUMATISM.

*Editor Alkaloidal Clinic:*—I am getting good results from Nuclein (Aulde) in a case of malarial toxemia with congestive tendencies. I give four granules of nuclein with four of quinine arseniate, gr. 1-67, every waking hour for four days; and strychnine arseniate, gr. 2-134, three times a day; keeping the bowels freely open.

In a case of acute articular rheumatism I gave colchicine, macrotin and salol every hour until physiological effect, then four times a day; with lithium benzoate four times a day, and podophyllin and Waugh's Anticonstipation granules at night. After six days the treatment was discontinued, the patient having then little pain or swelling, and the stiffness subsiding. For the fever I gave aconitine, hyoscyamine and digitalin. These were followed by Nuclein (Aulde), four granules every hour for twenty-four doses. The tongue cleaned up, so that the nuclein was reduced one-half and two granules of salol ordered three times a day.

No salicylates! No opiates! Antiphlogistine locally!

LYDIA STOCKWELL, M. D.

Atchison, Kas.

—:O:—

It is a matter of constant surprise to the "big-dose habitues," to note the effect of keeping the body constantly under the influence of a drug by frequent small doses. One grain daily of lithium carbonate or benzoate will often render the urine alkaline, when given in this way. Half a grain of calomel, gr. 1-20, every half hour, will act on the liver and bowels as well as a five-grain dose, and much more pleasantly.—Ed.

### FOOD AND WATER AS MEDICINAL AGENTS.

*Editor Alkaloidal Clinic:*—Dr. Wilder, in the *Medical World* states that "there are various records of other fasts equal to that of Dr. Tanner. Griscom fasted forty-five days in Chicago.



A. T. CUZNER.

"A young girl of Turville, in England, when thirteen years old, went to sleep on the 29th of March, 1871, after an attack of convulsions, and actually slept twenty-four months, without taking any food. Much of this time she seemed scarcely to breathe, or the heart to beat.

"A little boy named Brutcher, in Evansville, Indiana, slept four months, hardly taking any nourishment.

"We are inclined, however, to think that these fasts afford good evidence of the objectionableness of the practice of much of the feeding of persons in sickness. When the digestive apparatus is not in condition, such feeding must be injurious."

This last paragraph I will use as a starting point for a few thoughts on the subject of food and drink as medicinal agents.

During a practice covering thirty years I have been compelled to adopt a new definition of medicine, viz.: I define medicine to be any substance or material used to destroy diseased conditions, and to advance the health of the patient. Therefore, we may consider both food and water as medicines at times and administer them as such.

In children "the main cause of costiveness is a deficiency of fat in the food. A large percentage can be successfully met by increasing the fat ingested. It has been my practice in the past two years to give the child from one-half to one teaspoonful of cream before feeding. The child may refuse to take it readily; but by sweetening the cream with sugar, the child soon be-

comes fond of it and will accept all that is offered." (L. C. Charbonneau, M. D., *Medical World*).

There is no question but that milk is the most perfect food we have for children and invalids; yet there are times and conditions when it cannot be used without injury to our patients. In fever we find that the milk ingested is largely curdled in hard masses; a source of great irritation to the stomach, and danger to the patient.

In all acute and debilitating diseases the secretion of pepsin and hydrochloric acid is much diminished. These cheesy coagula if not ejected from the stomach but allowed to pass down into the intestines, will take on putrefactive fermentation resulting in the formation of gases in large amount and adding to the diseased condition of the patient by inducing an inflammatory condition there.

In fevers, therefore, the temporary withholding of food is most proper. There are, however, certain debilitating diseases that call for certain forms of food not as nutrients only, but as medicines.

Cholera, diarrhea and dysentery come under this head. While in fevers we should withhold food temporarily, we must administer an abundance of pure water, it being clearly indicated both on account of its solvent power over morbid products, and as a refrigerent.

When nutriment is clearly indicated, albumen and salt added to pure water may be administered with little or no danger to the patient. The successful management of many diseased conditions is obtained largely by the use of diuretics and diaphoretics. The best agent to obtain these results is pure water.

Boiling is a precaution that is well to adopt as 212° F. coagulates the albumen of germs, eggs or animals. While to civilized communities the drinking of boiled water is a comparatively new remedy, the Chinese have used it for many hundreds of years. The tea-drinking habit originated

in the desire to make the water more palatable.

The Hon. S. K. Takahashi, late Consul-General of Japan in America, informed Dr. Ephraim Cutter, of N. Y., that he had noted in Tokio that when thousands of the Japanese died of cholera, none in the Chinese quarters died of it. Mr. Takahashi attributed this immunity to the fact that the Chinese drank only boiled water.

It is a conceded fact that to the drinking of impure water is due the disease of typhoid fever.

Dr. Ephraim Cutter, quoted above, claims in the *Medical Age* that asthma and hay-fever are gravel of the lungs. The nature of these asthmatic crystals is as follows: Triple phosphate, uric acid, oxalate of lime, cystine, and some constituents unknown.

The doctor in his paper gives an illustration of a crystal, supposed to be uric acid, which I append.



He further states —

"Its sharp pointers, like those of a carpenter's compass, were apparently capable of pricking; and this is what these crystals do in asthma, and the neurotic results that accrue are explicable by this mechanical action." In the illustrated article by the writer in the November CLINIC on "Epidemic Influenza," was depicted "Asthmatus Ciliaris;" and to the rocking motion and the waving of the cilia of these forms was attributed the intense irritation of the air passages in this disease.

Dr. Cutter further states that—

"Naturally the great principle of treatment is to get rid of the gravel of the lungs. To do this it is necessary to use hot water freely—say one pint an hour before each meal, and on going to bed, with the view of furnishing plenty of fluid whereby to hold these animal salts in solution and thus

aid their more ready exit from the body."

Much more might be written in regard to the part food and water play in various diseases, did space permit. But enough has been done to call the attention of the brethren to the importance of these agents in many diseases. If this is accomplished much good will result.

A. T. CUZNER, M. D.

Gilmore, Fla.

#### A KERNEL.

*Editor Alkaloidal Clinic:*—I am myself a new convert, but what my eyes have seen and my ears have heard makes me very enthusiastic over Alkalometry. I have had better success, it is more pleasant to the patient, and it goes right to the spot. Some say we don't get in as many visits; but what I like is that we have more patients and fewer deaths.

A. G. HICKS, M. D.

Forrester, Texas.

—O:—

We always did say that the pecan is the best nut that grows.—ED.

One of the most useful books for the doctor's library is that of Dr. Oleson on "Secret Nostrums and Systems." Whenever you want to know the composition of a secret remedy and paralyze the patient by telling him what he is taking, turn to this book and you are pretty sure to find it.

An old friend has reappeared. The Florida orange is beginning to be seen on the fruit-stands. At present he is still very offish, holding himself aloof from the masses; but we trust he will soon subside to his old level, and meet the California Navel on equal terms. And perhaps before the year ends we may see oranges from the State of Cuba.

Will they be blood-hearts?

Please look through the ad. pages till you come to the York Chemical Co. They have a good thing in stainless iodine. Try it.



## PASSIFLORA. ECHINACEA.

*Editor Alkaloidal Clinic:*—I have practically or empirically found passiflora incarnata indicated in restlessness, irritability



of the nervous system, spasmodic action, chorea, convulsions, especially in the convulsions of childhood. I have had fair success with it in puerperal convulsions, but veratrum repeated is more certain. Passiflora's antispasmodic properties are especially marked in tonic or tetanic spasms. In the tonic spasms of meningitis it has given me choice results; as a relaxant in opisthotonos it has done well for me; in fact it is a delightful calmative of the entire system of nerves.

In the unrest, in the carphologia of typhoid I have received benefit, as soon as I got elimination. In ovarian neuralgia it quiets, but in a true ovaritis I have had best results from aconite and hyoscyamus topically. In insomnia I have given it up to one drachm every hour to effects; of course we can get quicker action with Bromidia, or fifteen to thirty grains of trional in warm solution will give sleep in as many minutes; but the sleep from passiflora puts the ganglionic system in good condition. The subject can be awakened and is bright and clear, and if left alone will go to sleep again and the soporific effect will reach over for the next night. It is not toxic. In irritable conditions of the infant I have given ten drops and repeated up to effect. It will fail when the tongue is loaded and secretions not excreted; it is not an anodyne sufficient for intense pain and in such cases it will fail.

Its range of action is so wide that it gives satisfaction through the entire list of nerve disorders, from a slight headache to severe convulsions. I take it that its occasional failure in puerperal eclampsia is from lack of excretion; and I also believe

that with normal secretion and excretion we would not have eclampsia. Moral: Preventive medicine (I am speaking of specific medicine). I get good results from others who have used Daniel's concentrated tincture of passiflora, and he certainly is in the region where the plant grows to perfection.

I remember during the unpleasantness of the early 60's I saw many fine specimens in that part of the south. There are some two hundred species; but the incarnata is the one here alluded to, and you will find it in Ohio and Pennsylvania used for decorations about windows and arbors. A tincture of passiflora rubra has been used in Jamaica for many years instead of laudanum. I have used passiflora to some extent in epilepsy, but get better satisfaction from *œnothera crocata*.

Tennyson says:

" Flower in the crannied wall!  
I pluck you out of the crannies,  
Hold you here root and all in my hand,  
Little flower; but if I could understand  
What you are, root and all, and all in all,  
I should know what God and man is."

*Echinacea angustifolia*, nigger-head, Black Sampson, was introduced by Dr. Myers of Pawnee City, Neb., thirteen years since; experimented with by Drs. Goss, King and Webster, and presented to the profession by that pharmaceutical leader, Lloyd, about eleven years ago.

Indication: Sepsis, I care not under what name it appears, in toxicity of animal origin. I depend on it to counteract rattlesnake poison or other venom. It is a wonderful alternative. I remember it was my main drug in a case of scarlet fever, turned over to me in the sixth week as past hope, from kidney lesion; a boy of eight years. He used about three drams in twelve days and recovered. In the October, 1896, *Eclectic Medical Journal* I reported a case of fever-sore on leg cured by echinacea; also a case of septicemia, miscarriage at fourth month, fetus dead one month; also fibroid tumor, same case. Echinacea was my principal remedy. It proves to be an alter-

ative, tonic, stimulant, detergent or antiseptic of the highest order, in blood dyscrasias, carbuncles and all septic conditions. It stimulates the lymphatics and eliminates effete matter; it is excellent topically in ulcerations.

Were I limited to one remedy in typhoid conditions I believe it would be echinacea, and yet I don't believe in stereotyping in diseased conditions or I might use the "Woodbridge method." As it is, I have only recorded one death from fevers in seven years and that was specifically complicated. As near as possible I secure asepsis of the digestive tube and produce sedation with the indicated remedy, aconite in asthenia, veratrum in sthenia, gelseminine in flushed face, pilocarpine, where the skin is dry, and don't forget to support the heart; in fact, Dr. Abbott's outline is hard to improve on in fever cases and he places none too much stress on strychnine. In low conditions where there is respiratory neglect strychnine is specific; and don't neglect strophanthin in heart lesions.

The germ vibria gets into rich soil in the mucous membrane of the small bowels; and if Peyer's glands of the ileum, or perhaps Brunner's glands higher up the tract, are in an abnormal condition, a good feeding ground will locate. Echinacea will eliminate this condition. Sulphocarbolate of zinc or soda, and of late the W-A Intestinal Antiseptic, have given me choice satisfaction, particularly in connection with the Saline Laxative. Echinacea should be more widely known and used.

We should get out of the mossback ruts and burn more oil. I believe with Dr. Waugh (p. 6, preface to *Treatment of the Sick*): "and I have full faith in the curability of every ill that affects humanity, were we but learned enough to recognize the remedy and wise enough to apply it properly in due season." We should be more liberal, "accept the best where e'er 'tis found," do more rifle practice, make up

our *Materia Medica* and our *Methodus Medendi* only after the most careful research of all that has been brought to light in the past.

But I have strayed from my subject. Brother Abbott, use your blue Faber. How I wish I were a boy again; so much of the past has been unsatisfactory. We are getting something more definite each year and the practice of medicine and surgery is a real pleasure.

Recently Lloyd has from echinacea produced echafolta; Dr. Fearn says, "echinacea with the dirt taken out." I have only used a few bottles of it; used some recently as a dressing after enucleating an eye (an aggravated case from time and lack of care); it proved satisfactory. There is an alkaloid in it that I hope to see put in working shape.

Now don't think I do all my work with passiflora and echinacea. In my drug room are one hundred and fifty of Lloyd's preparations, Squibb's anesthetics, a few of Schuessler's tissue remedies, a few from the Waterhouse Pharmacy, some from P. D. & Co.; in fact, I keep a room-full, and last but not least in number, are the Abbott alkaloids. I think enough of them to carry four cases full in my hip pockets and more on the shelves to replenish; and feel that were I dependent on the average drug store and after the dollar in particular, I would go into partnership with the undertaker.

F. MILTON FRIEND, M. D.  
Lamar, Col.

#### EMISSIONS.

*Editor Alkaloidal Clinic*:—Tell A. B. C., May CLINIC, page 312, to apply a blister, 1x8, to the sacral region of his patient having seminal emissions, and a similar one to the vertebræ between the shoulders, to control the cardiac complications. Keep the blistered surface irritated by croton oil. Give dilute nitro-muriatic acid, a teaspoonful four times a day.

W. L. CHANDLER, M. D.  
Atchison, Kans.

## DYSENTERY.

*Editor Alkaloidal Clinic:*—Mr. G. called for medicine for bowel trouble in a child nineteen months old. I gave two ounces of water with four drops of tincture of aconite and ten drops of ipecac, a teaspoonful every hour. He returned next morning and said that the medicine had done no good. I then gave one-half grain of equal parts of salicylic acid, acetanilid and sulphocarbolate of zinc, every hour. At noon I found the patient very restless, fever  $101.8^{\circ}$  F., bowels moving every fifteen to thirty minutes, great tenesmus but no blood; stools varying from nearly black or dark green to nearly white. I increased the ipecac to nausea, after which the tenesmus began to abate and the child to rest better. I discontinued the zinc compound as it produced vomiting. About midnight my little patient was very restless, fever  $100.8^{\circ}$  F., bowels the same as before, symptoms of spasm, eyes rolled back, tongue clear, with prominence of papillæ. I then gave rhus tox., ten drops; specific tincture ipecac, one drachm; water to two ounces; a teaspoonful every two hours. I put ten granules each of aconitine and copper arsenite in two ounces of water, to be given in teaspoonful doses every two hours. Strychnine arseniate, gr. 1-134, was given, with codeine, gr. 1-67, every hour for two doses; but as my little patient seemed to grow worse, I changed to Papine (Battle), ten drops every half or one hour as needed to produce rest. The child lay almost continuously on its right side, with head drawn back. I made no additional treatment except glonoin, grain 1-250, for weak heart-action, and fluid extract belladonna.

Another doctor was called on the morning of the third day. He claimed that a compound of bicarbonate of soda, syrup of rhubarb, tincture of tolu and subnitrate of bismuth, would be sufficient, with a little alcoholic stimulant, to bring the case

through all right. Alcohol and mustard were used externally and one dose of the above compound given, but the child grew weak and the heavy straining continued so severely that I quit all treatment except Papine, which had no effect in teaspoonful doses. The child died at 5 o'clock a. m., on the third day. Two weeks before, it had swallowed very nearly two-thirds of a teacupful of parched corn, and this had to be picked out of the anus. Fever at no time exceeded  $102^{\circ}$  F. In connection with the above treatment, epsom salts, to the extent of two tablespoonfuls, were given. I write this for criticism; and in the language of the old darkey, "Brethring and sistring, pitch in."

W. S. HAMES, M. D.

Tilmon, Texas.

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The case was over-treated, the remedies badly chosen. Dysentery of such severity should have been treated with emetine, with veratrine for the inflammation and fever; hyoscyamine to dilate the surface capillaries and relieve the internal congestion; bismuth and sodium sulphocarbolate to soothe the irritable mucous membrane and stop decomposition. The tenesmus called for small enemas of hot mucilaginous decoctions, such as flaxseed tea; and when the attack continued, nitrate of silver should have been added to the enema, about one-fourth grain with a scruple of bismuth subnitrate to two ounces. Nutrition by Bovinine exclusively, ten to thirty drops every hour till the worst was over; hot flannels to the abdomen; and a full allowance of pure water, externally and internally, with attention to the hygiene of the premises, should suffice to cure any case of dysentery, at any age, in any place.—ED.

Gottstein blames the tonsils as affording an open door for the first entry of the tubercle bacillus. Better remove them.

## BRODNAXIANA.

*Editor Alkaloidal Clinic:*—Dr. Cook, page 245, seems not to have seen the treatment of burns with pure undiluted carbolic acid. If he will paint the whole burned surface over with the pure crystallized carbolic acid, brought to a fluid state by melting, he will have the following effect: The acid combines with the serum and forms a coating impervious to air or water; pain stops instantly and no further dressing is required, except to protect from injury. When the white coating commences to peel off, in four or five days, a new skin is found under it. The blisters may be let alone.

Doctor Brewer, page 232, gives us a general idea on the meat question. Could he be induced to write out explicitly his plan of diet, say for twenty-four hours? I eat but little hog-meat, usually lean ham. My diet, three times a day, is of corn bread, butter and home-made cane syrup, "greens," boiled cabbage, mustard and turnip tops; chicken, fish, eggs and beef, when I can get them; very little wheat bread.

By the way, what does Brother Epstein say about the text, "Man shall not live by bread alone?" In those days wheat, not much bolted but nearly whole flour, was the staple diet, with milk, honey and fruits. The "despised hog" was not in it and health was the better for it.

As to "vegetarians," do they use no grease or fats in their food? Is it strictly vegetable? I very much doubt but that goose-oil, tallow or beef-oil, butter, olive oil, etc., enter into the make-up in some way. These "strictly vegetarians" were the ones I referred to when I rather (perhaps) too pertly said, "no man of good sense" would confine himself to a vegetable diet. I still think it a lack of prudence to ignore fats of all kinds in food. I recently saw where butter produced 800 units of heat, wheat bread only 275 units. In very

hot climates a partial vegetable diet is preferable, and fruits and fish are the principal articles of food; but in colder climates I doubt the advisability of a strictly vegetable diet. There is no rule to be used by all peoples, in different climates. Put an Eskimo on a vegetable diet in his country, and you would after a while see no Eskimo.

I have a patient now on Dr. Burgess' Tenn. sulphides (slag) treatment, for a very persistent skin trouble, which comes in patches, looks like ringworm, does not itch, but has a raw look. She is taking it as per directions, *i. e.* internally and topically. The sores seem to be drying up after about four days' use of the treatment. I have tried other means in the past with only partial results. She cannot take the iodides. From present outlook I think the new remedy will cure her.

DR. BEN. H. BRODNAX.

Brodnax, La.

## ALKALOMETRY.

*Editor Alkaloidal Clinic:*—I am getting to be an old man. This fact together with my delicate health is constantly reminding me that I must in the near future "shuffle off this mortal coil." I have always tried to be conscientious—especially in the practice of my chosen profession; but now, in the closing evening hours of life, the word Duty acquires an additionally solemn import. I am more than ever concerned about doing right, "though the heavens fall."

For the third time I have just been reading your long editorial in the March CLINIC, entitled "Medicine and Pharmacy." In addition to the good policy suggested, I conceive that there is a solemn responsibility resting upon every physician, to do everything practicable to heal, or at least benefit, his patients. It is not only his duty to keep up with the profession, but he should faithfully care

for the lives placed in his hands, as in view of the account which he will be called upon to render at the bar of God; inflexible justice. We must do all that can be reasonably expected of us under all circumstances. When a patron says, "Doctor, I place my life in your hands; I trust you to do all that can be done; I will implicitly follow your advice," in that case, we should not dare to administer the tenth of a grain of any drug, that we do not know is all it claims to be. As Dr. Epstein indicates, there is no room in this world for the "dilettante Doc." He has no place. Therefore we should seek to obtain the purest, the best drugs and preparations to be found. We should even take pains to dispense our preparations in an acceptable and palatable form. Patients should utterly refuse to take nasty, bulky, nauseous doses; they are no longer called for.

These things being true, how can we possibly do better than to adopt, without reservation, the alkaloidal system of medication? It has been thoroughly weighed in the balance of professional scrutiny and criticism, and has not been found wanting. It never will be, it never can be found wanting. The "arms of precision" will mark out the problem of a sound therapy every time; bound to do it, just as certainly as any effect follows any cause in the exactest physical science. Then I say, all honor to the noble men who have supplied us with such desirable weapons of warfare; weapons with which we can so successfully fight our battles. I do not believe that the world today contains greater benefactors to humanity than Burggræve, Castro, Shaller, Waugh, Abbott, Coleman, Epstein and a host of others in the alkaloidal column.

I wish to thank you, Doctor, for the editorial in question. Yes, the day of crude drugs has gone by; the old way is a back number. As you remark, "All the same, the active principle era in medicine is bound to come, and the older forms are

doomed to fall into disuse." A few of the fogies may die hard, but die they will, die they must. "Put that in your pipe and smoke it!" Men may talk about standardizing in tinctures and extracts; but we know, and they really know, that there is but little uniformity. They may multiply the so-called physiological tests *ad infinitum*; but we are well aware after all that a man is not a dog!

Such tests on man might and doubtless would in numerous instances, greatly differ. So why not use all this labor to obtain more and possibly better active principles? Legions will yet be found. As long as scientific men foolishly waste their time in trying to standardize crude drugs, defeat will be the result. Let the manufacturers of galenical preparations learn that there is a better way—"a more excellent way." Their way confers about as much real and useful information "as the analysis which a scientific but witty English chemist once made of a whole mouse!"

We can only have arms of precision through the use of active principles that will exert certain influences and produce specific effects.

I do not at all ask or expect you to publish these lines; I am just giving you a vote of thanks for your timely and well-considered words in defense of the truth. I am truly thankful that I accidentally (almost) stumbled upon the light as found in the ALKALOIDAL CLINIC. I am taking five medical journals and the CLINIC is all the one I read from "start to finish." Of course the others are good and better; but, for my purposes, the CLINIC is the best! The CLINIC has an idea, a grand idea, for which it is manfully contending. It is an idea which, when carried to its logical conclusion, will set the therapeutical world forward an age and place it on a high vantage ground. The advocates of Dosimetry are saying to the powers of darkness, "Let there be light!" And there will be light! Much light! Glorious light!



A searching white light! And the forms of darkness shall fly away to their coves and dens. May the happy day speedily come and revolutionize existing stupid methods. Amen! "So mote it be!"

DR. Z. L. SLAVENS.

Hermitage, Mo.

#### AN IMPORTANT ANNOUNCEMENT.

The following, addressed to your editor, is of special importance to the physicians of Illinois, and is accorded space with pleasure. We trust that each one seeing this will act promptly in accordance therewith.

"*Dear Dr. Abbott:*—The 19th and 20th Annual Reports to be published very shortly, will contain an official register of all licensed physicians practising in Illinois. As the Reports are sent to every State in the Union and are largely called for by professional and business men, it is desired that the register be as correct as possible; hence would ask that you kindly accord me space in your journal to request that every physician who wishes to have his name and address correctly reported, will send the information to me on postal card, at once, mentioning number and date of certificate.

"In over seventy per cent of cases, the addresses on file in this office are those originally given when the certificates were issued; and as no additional information has been furnished this office either by the county clerks or the physicians concerned, many physicians are reported in towns from which they removed several years ago.

J. A. EGAN, M. D.

*Secretary Ill. State Board of Health."*

Cicutine hydrobromate is a remedy of much value in muscular twitchings that often occasion great distress in sciatica and other affections. Two granules, repeated every hour or two, give certain relief. A valuable addition is hyoscine, two to four granules with each dose of cicutine.

#### TYPHOID FEVER.

*Editor Alkaloidal Clinic:*—I want to relate a little experience I had with the sulphocarbolates last fall, just to relieve myself. I have held in all winter, mainly because of other business. I had a case of typhoid fever that was not doing as well as it should, and to "try" them I sent for a small amount of the sulphocarbolates of zinc and soda. I believe I had that bowel sterile in twenty-four hours after giving the first dose. There had been a profuse diarrhea which was checked quickly—too quickly, I thought—by the zinc salt; so I substituted the soda and the case did finely, except that the diarrhea would return at times. At these times I would slip in my zinc, and the trouble would disappear. Then the soda again. So I rang the changes on the zinc and soda, till the case ended. The fever was at one time 105° and about this time I began using Zomakyne, with the result that I could hold the fever at 102° to 102.5° without any trouble. The only remedies I gave were the sulphocarbolates as above and the Zomakyne. And I verily believe that with those three the majority of typhoid cases can be handled to the very uttermost satisfaction of physician, patient and family. I have used the sulphocarbolates many times since, and with the same uniform results. I am not dreading the summer campaign as heretofore because I feel pretty sure that any case of diarrhea that is curable at all can be cured with this God-given remedy—the sulphocarbolate of zinc.

J. B. SHORE, M. D.

Loogootee, Ill.

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When the soda salt is employed it should be given in much larger doses than the zinc; about four times the dose of the latter. There is a certainty about the action of these remedies that is very pleasing.—ED.

## ACETANILID LOCALLY.

*Editor Alkaloidal Clinic:*—The patient with wormwood poisoning, described in February CLINIC, kindly permitted me to experiment with him until I found the right thing; acetanilid, gr. xx, petrolatum, one ounce; this relieved him at once.

**Lime Poisoning:** A man here mixed a bucket of white-wash with his hands; they soon became red and swollen; he had chills, sweats, pains in his head, back, joints and chest, extending into his left shoulder. The acetanilid and petrolatum relieved the distress in his hands. Gave, as general treatment, acetanilid for the pain and chills, Saline Laxative for the bowels, cream tartar and saltpeter for the kidneys. He is slowly improving.

**Mastitis:** A saturated solution of ammonium carbonate applied on a cloth to the breasts and covered is a splendid treatment. I am indebted to Dr. Fritz, of Mexico, Mo., for this.

FRANK POLLARD, M. D.

Pescadero, Cal.

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The anesthetic powers of acetanilid should be better understood.—ED.

## SEMINAL EMISSIONS.

*Editor Alkaloidal Clinic:*—In answer to A. B. C.'s article (May CLINIC, page 312) I wish to report my experience with a very stubborn and chronic case of seminal emissions. There are yet many days of comfort in store for his patient, who may also retain his testicles. First examine his rectum for chronic inflammation, ulcers, fissures, seat-worms or irritable prostate; also examine urine for sugar, acid, albumen or pus; remove the trouble if possible, by local, surgical or medicinal measures, and then place him on similar treatment to the following.

During 1894, a gentleman called for ad-

vice as to what he should do to prevent seminal emissions. He had been suffering from puberty up to his present age, thirty-three years. The emissions had become more frequent as he grew older, until he had at this time been for one year having two to three emissions during each night and from two to four during the day. They often occurred while engaged as a clothing salesman, which kept him on his feet the greater portion of the day. His family history was good. No symptom of venereals, consumption or scrofula. I concluded that the trouble was irritability of the jactatory ducts, at the point of opening into the urethra, and an irritable flabby condition at the junction of the prostatic urethra and the neck of the bladder, which I found to be very tender. The patient was run down in health, and the urine was highly acid, which aggravated the urethral trouble.

**Treatment:** I had the patient take two baths a week, apply a towel wet in cold water to his perineum every night on retiring, and renew it when warm if not asleep. I then prescribed Arsenauro for a tonic and sedative, ten drops after meals and at bedtime. (Use a dropper and don't allow the liquid to come in contact with any metallic substance, or the remedial effect is lost.) I also gave him hyoscyamine hydrobromate, gr. 1-200, at 9 a. m. and 3 p. m., and if restless, at 10 or 11 p. m.; also ozonized salix nigra suppositories, one in the rectum on retiring; ozonized salix nigra urethral bougies inserted into the urethra at bedtime and held till dissolved and absorbed, which requires one to two hours. I had him take ozonized tincture of gelsemium, twenty drops in water before meals. He was directed to avoid meat, alcohol, tobacco, association with females and heavy lifting; to keep the bowels lax, and empty rectum by cold water injections before retiring (half a gallon of water at each injection); to sleep on the floor or a bedstead with plank over

the slats, with only two quilts or comforts under-him, and as little cover as possible without chilling.

The above treatment was kept up for two weeks, with improvement. I had him continue for two weeks longer with still more marked improvement; the emissions being not half so often, only fourteen during the last two weeks. I kept him on this course for two months longer, only using the suppositories every second night, and bougies on alternate nights with two injections per week. During these two months emissions almost ceased. I left off the injections and only used a suppository every fourth night and bougies on alternate nights. Continued for another month, then left off bougies and suppositories, giving only a pill at 8 p. m. I kept this up for six months; then left off all but one pill at bedtime and two baths per week. He kept up the pills for a year. He never lost a day from the store and is now entirely well.

I am thoroughly convinced that sleeping on a hard bed, and perseverance in this course, will alleviate if it does not cure A. B. C.'s patient. Please give it a thorough trial before castration, and note if any change occurs for the better. The seminal sacs of A. B. C.'s patient are too small for the retention of semen and this, coupled with irritable ducts, is the cause of the trouble. Sleeping on soft and too warm beds aggravates a trouble of this kind more than any other course.

J. M. PERKINS, M. D.

Lebanon, Mo.

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This is a case as remarkable as that described in the May CLINIC, and yet it was cured by well-directed, persevering treatment. Will some one tell us what there is in "ozonized" goods, except a trademark? Is it different from "oxidized"? How can you "ozonize" or "oxidize" *salix nigra*? Get a good, reliable preparation of it, and pin no faith on ozone.—Ed.

#### SUMMER COMPLAINT.

*Editor Alkaloidal Clinic:*—A child of 18 months, bilious and plethoric, with slight otitis, tympanitic, coated tongue, red at the edges, temperature 103° in the morning and 105° in the afternoon; several stools daily of mucus and pus; vomiting and cold perspiration.

With such conditions my treatment is as follows: Tincture of aconite, twelve drops; tincture of nux vomica, ten drops; paregoric, one drachm; water to make four ounces. Direct: A teaspoonful every hour. I also ordered a tablet of calomel, gr. 1-5; ipecacuanha, gr. 1-10; and sodium bicarbonate, 1 grain; morning and night, till the stools improved and the fever began to relax.

Sometimes I substitute for the tablets a neutralizing cordial containing a scruple each of the best rhubarb, potassium bicarbonate, pancreatin, hydrastis and cinnamon, with half an ounce each of syrup and liquor; giving a teaspoonful every four hours.

With proper hygienic regulations, nursing, ventilation, water, baths and close attention to the variations of temperature, and to any complications occurring, I cure 95 per cent of all my cases of bowel complaints.

The indications for each of the remedies mentioned will be manifest by glancing at their physiological actions.

R. L. P.

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A fair example of the old-fashioned treatment, under which the five per cent of severe cases, real cholera infantum, will surely die. The addition of aconite and nux gives a little lightening of the darkness, a glimmer of what may be expected from the Dosimetric Triade. Doctor, drop your calomel and adopt the intestinal antiseptics and save that other five per cent.—Ed.

## ROOM AND A WELCOME FOR ALL.

*Editor Alkaloidal Clinic:*—Enclosed find \$1.00 for renewal of my subscription to the ALKALOIDAL CLINIC. It is a very nice, clean-looking and practical journal, replete with useful information for the busy practitioner. You seem to have the editorial "knack." Keep it free from controversies. A little sprinkling from low-potency homœopaths and eclectics will not be amiss—and I see you are making room for the gentler sex—it won't be amiss.

J. K. SHIRK, M. D.

Lancaster, Pa.

## BIG-DOSE CALOMEL.

*Editor Alkaloidal Clinic:*—Referring to Dr. Britton's article in May CLINIC, my experience does not prove the "old physician's" assertion to be true, viz., that a twenty or thirty grain dose of calomel will as soon as swallowed stop any convulsion in children. A child with a strong convulsion cannot swallow; and if placed on the tongue very little, if any, will be absorbed. Calomel is too slow, and should be used only as an adjunct.

First give sufficient chloroform and stop the convulsion; then unload the bowels by giving a large enema; when the child can swallow give bromide potassium or chloral hydrate, and calomel, grain 1-10 to 1-2, every hour till the bowels respond freely. If the convulsion is due to high temperature reduce the fever, but be sure and unload the bowels.

Are large doses of calomel specific in membranous croup? I say, no. Neither are small doses specific. We have no specific remedy for croup unless it be anti-toxin, and it is still under discussion.

Many of the symptoms attending croup arise from auto-infection; most children gorge. If nature does not get rid of it by means of diarrhea, fever, rapid and difficult breathing, hoarseness, swelling of the sub-

maxillary glands, convulsions, croupy cough and many other symptoms, usually arise. It is in these cases that calomel acts so nicely, by ridding the system of the poisonous matter.

Some years ago I was called to see a child, four years of age. The messenger said the child was dangerously sick with croup, and the attending physician had but little hopes of its recovery. I found the house crowded with anxious friends, each striving to do something to relieve the little patient who was lying on its mother's lap in a semi-conscious condition, gasping for its breath, croupy cough and rattling in the throat. I learned that the child had been in its usual good health up to the evening before my visit, when it was suddenly attacked with hard breathing and the croupal cough. Various emetics had been given, with no relief.

In spite of the strong croupal symptoms present, I could not fully believe that the child had true croup. I therefore mixed together six teaspoonfuls of simple syrup and one of fluid extract of ipecac; gave one teaspoonful, waited ten minutes and repeated; was about to give the fifth dose when the little patient's mouth flew open and—what a "mess" came out of it! Raisins, peanuts, bologna, and goodness only knows what else! Well, in less than five minutes after vomiting, that child was sitting up on its mother's lap, receiving caresses from its many friends.

I left some tablets of calomel, grain 1-10, one to be given every hour till the bowels moved freely. Returned the following day, found the child playing and as well, apparently, as ever.

Cases similar to the above are the ones in which calomel does its brilliant work. I could mention a dozen or more almost identical, in which I used a ten-grain dose of calomel, and "saved" the patient; but my experience in treating genuine membranous croup is quite the reverse, and so will it be with the majority of practitioners

who rely on the "big-dose calomel" treatment.

Calomel is one of our best remedies in the treatment of disease, but is not a specific in membranous croup. One of my children had the dread disease a few years ago. I gave the big-dose treatment with no effect; calomel in smaller doses, grain 1-10, was continued throughout the treatment, together with other measures, and my child recovered.

J. B. TAYLOR, M. D.

Broadway, O.

—:O:—

I must confess to a strong conviction that Dr. Taylor is right, and that his letter is a sound, sensible presentation of the truth. But I want to learn; and I feel that we cannot afford to lose a truth through the neglect born of unbelief. So, send in your reports, pro and con, and we will weigh all fairly and decide each for himself. The CLINIC is a pure democracy, where all have an equal chance.—ED.

#### LITHIUM BENZOATE. PNEUMONIA. OBSTETRIC CASES. STERILITY. PHTHISIS.

*Editor Alkaloidal Clinic*:—These experiences are detailed as a token of gratitude for the many and varied ideas I have received from the CLINIC family.

*Lithium Benzoate*.—In functional disorders of the bladder I have had good results with this drug. An infant three days old had hematuria. No abrasion of the genitals was found. I directed two granules of lithium benzoate in an ounce of decoction of cinnamon, a teaspoonful every hour. Complete relief followed the use of the second bottle.

Another child of the same age had not urinated for two days. Two granules in catnip tea relieved the child promptly.

*Pneumonia*.—Having succeeded very well with the old remedies, I was called to a

severe case three miles from a drug store. It was late at night, so I fell back on the alkaloids. The patient was sthenic with full, hard, bounding pulse, temperature 104° F.; respiration 40; pulse 126. I gave him veratrine granules, 8; codeine, 8; brucine, 8; emetine, 8; in an ounce of sugar-water; a teaspoonful every hour for four doses, then every two hours.

Next day, what a change! After the second dose he felt easier; with four doses, complete relief and sleep. The man was cured in four days.

If the case is asthenic, I substitute aconitine for the veratrine. My favorite "searcher" in pneumonia is: calomel, gr. 1-6; colocynthin, gr. 1-134; capsicin, gr. 1-134, of each eight granules; hyoscyamine, gr. 1-250; atropine, gr. 1-500, of each four granules; Rochelle salts, one scruple. Divide in four capsules, and give one every two hours.

I substitute brucine for sweet spirits of niter, to obtain the stimulant effect of the ether and alcohol. Can you suggest anything better?

*Obstetrics*.—I do not like this branch of practice, unless there is some complication to make it interesting. I have no forceps and do not expect to need any, if I have time and alkaloids. In a miscarriage case, I found the fetus tightly wedged into a rigid os, and no pains. I gave morphine, atropine, strychnine and hyoscyamine, repeating the latter two every fifteen minutes. I dissolved four atropine granules in a few drops of water, wound cotton about my finger and applied the atropine to the os. In eighty minutes all was over. It was a four months' fetus.

In a case of tardy delivery from rigid os, I gave strychnine and hyoscyamine every half hour, with atropine to the os, and in two hours delivered her of the finest boy I have seen for some time.

I support the perineum with one or two fingers in the inner and the thumb on the outer portion, and have never had a rup-



ture, besides being able to render some assistance.

I also find that six ergotin granules will do the work of a drachm of the fluid extract, without the headache afterwards.

*Sterility.*—Three children will arrive during this year, if they come to term, the result of the use of Buckley's Uterine Tonic (helonin, gr. 1-6; caulophyllin, gr. 1-6; macrotin, gr. 1-6; hyoscyamine amorph., gr. 1-250), Abbott's Depleting and Antiseptic Suppositories and Astringent-Antiseptic Tablets, in functional and inflammatory disorders of the womb. Of these cases, Mrs. M. had not been pregnant for eight years, but within two months after treatment was delighted to find herself so. Mrs. L.'s youngest is sixteen, and she expects to celebrate July 4 with a new citizen. Mrs. B.'s youngest is five, but before that they were less than two years apart.

*Phthisis.*—On this case I can only report two weeks' progress, having employed the treatment recommended in Query 39 for that time. What would you think of adding quinine arseniate in this malarious region?

J. H. LUBKEMANN, M. D.

Memphis, Tenn.

—:O:—

Glonoin and pilocarpine or emetine would better substitute sweet spirits of niter than brucine, which is an astringent to the skin. It is questionable if any benefit results from combining atropine and hyoscyamine in one prescription. If the hypnotic effect of hyoscyamus is desired, use hyoscine. The use of strychnine and hyoscyamine for rigid os is novel and interesting. It is a direct application of Burggræve's idea of the nature and treatment of spasm of involuntary muscular fiber. The suggestion of quinine arseniate in malarial districts is also valuable. In fact, it would be a good addition anywhere to the treatment of phthisis.—ED.

#### REFLEX FROM INJURY TO THUMB.

*Editor Alkaloidal Clinic:*—In the CLINIC for September, 1897, I reported a case of neurosis from injury to the thumb. As no benefit resulted from treatment, we laid the thumb open thoroughly, under cocaine anesthesia, but found no foreign body. The Esmarch bandage was applied, so that the operation was painless and bloodless, but pain and hemorrhage followed the removal of the bandage. No benefit has occurred. Would you advise the amputation of the thumb, on which she has set her heart?

J. W. THORNVILLE, M. D.

Poplarville, Miss.

—:O:—

It looks as if it would be best to amputate.—ED.

#### THE COUNTRY DOCTOR.

*Editor Alkaloidal Clinic:*—Physicians who locate in country districts are often put to extreme inconvenience, and at times are at their wits' end to know how to relieve their patients. Located sixteen miles from a drug-store or consultant, they find that they are not provided with what the case requires; while their town competitors, with no more ability, may attain a higher place in public estimation simply because they have a pharmacy to draw upon.

I dispense my own drugs, use my own obstetrical and gynecological instruments, and seldom have consultations. Of the latter the young practitioner must beware. He must have a head of his own, judge for the best and then go ahead. Don't consult with a stranger, but call in your nearest neighbor if he be a man who will give you your just due. Because a man resides in the city he is not necessarily a better doctor than you.

Keep everything ready. Economize, and buy only such drugs as you are likely to need in everyday practice. For winter coughs I prefer a syrup of squills and

senega with ammonium carbonate, and make it myself. Get a pocket granule-case from the Abbott Alkaloidal Co., a four-ounce can of Zomakyne, an ounce of Antikamnia, four ounces each of the fluid extracts of squill and senega, a quart of simple syrup, some ammonium carbonate and chloride in tablets, quinine, and plenty of empty capsules, and a good selection of obstetrical and gynecological instruments.

Don't defer too much to your preceptor. There are too many conveniences and too much enlightenment in this age for one man to know it all.

Keep your hypodermic in good working order and use it instead of sending for counsel. Keep three syringes, so that one will always be in shape. I prefer one made by Elmer Lee.

Suppose you have a case of post partum hemorrhage, and have had to use douches of alternate hot and cold water; the lochia cease on the fourth day and on the seventh the woman is seized with severe rigors, the fever mounting to 105°. Don't refuse the consultation urged, but say you will have the patient about in three days; and if not, you will notify the family in good time. Then go to work. Clear out the foul womb, wash with carbolized douches, and pull down the fever with five grain doses of acetanilid every two hours. Give a five-grain capsule of quinine every three hours till sweating occurs. The lochia may be restored but at any rate I guarantee that the patient will be better in the three days.

M. L. HICKEY, M. D.

Chalk Mountain, Texas.

—:O:—

Dr. Hickey gives some good advice and some bad. Consultations are the doctor's duty when the patients' interest demands them, and the best help should be secured; whether the consultant lives in city or country has nothing to do with the question. All coughs do not need stimulation by the four remedies mentioned. The hypodermic syringe could be wiped out of

existence to the great benefit of humanity. Sterilized hot water is as efficient as carbolic solutions for flushing the uterus, and much safer. The advice as to the treatment of puerperal sepsis, however, is excellent.—ED.

#### OBSTIPATION.

*Editor Alkaloidal Clinic:*—I have a lingering case, widow, 51, had grip and a homœopath and a "tulchan" as a medical adviser. He continued his chigger dump-lin's with their sugar coat about ten weeks. Never any improvement; bowels moved but three times during that period and then by injection at the instance of friends. The "tulchan" doctor assured them that the costiveness was all right, "and just as I intended." Patient had no appetite and was not nourished in any way. I have tried to regulate the bowels with Waugh's Laxative, S. and D.'s Lapactic pills, and cascara in various mixtures and have but partially succeeded. She has gained some strength on Bovinine taken two hours after meals, with quinine and strychnine in a mixture before meals. Rest has been procured by Ammonol and Garofen.

I think that phosphorus, by its peculiar action, may assist in bringing the bowels to respond to cathartics. I think, too, that rendering the entire alimentary tract completely antiseptic may greatly aid.

I published some experiments on regulating the bowels by antiseptics in the *Medical Summary* for January, 1898, page 283.

W. H. BENTLEY, M. D.

Woodstock, Ky.

—:O:—

None of the laxatives named is suited to relieve the bowels of such a load as this woman's must carry. Give her two or three Eclectic Hepatic tablets, followed by a tablespoonful of Saline Laxative, and a copious enema as a starter; then your laxatives will come in well. Obstinate constipation is also often relieved by a teaspoonful or two of mustard seed.—ED.

## SEMINAL EMISSIONS.

*Editor Alkaloidal Clinic:*—In the last issue of the CLINIC I was very much interested in an article headed "Seminal Emissions." I read and reread carefully the account of the poor fellow who is so sorely afflicted. I then happened to think of its great similarity to one or two cases which were placed in my care over a year ago, but which, thanks to nature's remedy, were checked and eventually cured. A. B. C. writes that all kinds of treatment were tried for a period of over nine years (this case therefore does look hopeless, but who knows? Perhaps the last will cure), including Hammond's animal extracts, without success. I will therefore try to outline as briefly as possible the course of treatment pursued in the cases aforesaid.

A young man had suffered for more than a year from seminal emissions, as often as three per week, sometimes with erections and at other times without, at night, without any apparent cause. These did not seem to affect his health, except that he was at times very despondent and would say, "I feel as if my heart is going to stop." He had indulged in masturbation to a great extent for two and a half years. He admits "seeing a woman" once a week, but notwithstanding that began to have emissions. He tried various patent medicines with no good result, and for nearly a year this drain was upon him. Every known remedy had been tried and failed.

The patient was told to abstain from alcohol and to observe a light diet—meat once a day, generally at noon; coffee in moderation, no tea; the bowels kept regular (upon Dr. B.'s advice, Bromidia half a drachm, was to be given, *t. i. d.*). At 8 o'clock p. m., one and a half hours after supper (which was always followed by a slow walk for exercise), I had my patient undress himself, and after giving him a

general massage for fifteen minutes, I gave him a tepid bath, at 75 to 80 ° F; five minutes in this were followed by a cold shower direct to the spine, with gentle rubbing; after this I had him go to bed, and covering him just sufficiently to be comfortable, neither too warm nor too cold, I then applied cold compresses to the prostate gland and "privates." These compresses I changed every two hours, and let him sleep from 12 until 6 a. m.

As soon as he awoke, I placed him in the tepid bath as before and again applied the cold douche to the spine, keeping it a few moments longer than on the previous application. He was given a few moments rest and then ate a good breakfast, receiving his medicine (Bromidia) one and one-half hours after the meal. During the day he could read such literature as he desired, I preferring *Judge, Puck* and *Life* as they are comical and he enjoys a good joke. In the afternoon he again received a cold douche to the spine (no bath), and then massage with alcohol, after which he had a nap; but as soon as he had lain down he received his cold compress as before, only not changing it lest it disturb his nap.

This treatment was carried out faithfully for one month, and at the end of that time the total emissions had been only three; first week, two; second week, one; after that he had none. During the month, however, he was allowed intercourse as before, once per week. At the end of the month I informed him that I considered my services no longer required, as he could follow out the treatment alone, only letting some one rub the spine a bit while douching it with cold water. At the end of a month after leaving him he reported only four emissions; and these he claimed were due to omitting for nearly a week to take the cold spinal douche, he having three in that week and only one in the second week.

I heard no more from him for some three months when he reported "progress." The

last letter I received from him informed me that he had had only one emission in the month, therefore I feel confident that my method succeeded.

Will A. B. C. therefore allow me, an humble nurse, to request him earnestly to give this method a fair trial; and I am confident he will feel that the remedy is not one that will endanger his patient in any way, but will prove itself to be all I say for it. The following is the daily treatment:

Diet, mild (at physician's discretion). At 6 a. m. tepid bath, five minutes, 75 to 80° F. At 6:05 a. m. cold douche to spine, followed by gentle massage, and then with alcohol (the douches to be increased a minute longer each time). Until 2 p. m. patient can be at leisure. At 2 p. m. cold douche and alcohol to spine. Should patient desire to sleep he can do so, at all times however cold compresses to privates and along prostate gland. At 6 p. m. supper, followed by slow walk for an hour or so. At 8 p. m. tepid bath, followed by cold douche to spine and alcohol massage; then patient is to retire, and cold compress to privates, etc., to be changed every two hours, until 12 p. m. (or 10 at option of physician).

ARTHUR F. NIEDENVIESEN, Nurse.  
New York City.

—:O:—

Another interesting record of an obstinate case cured by excellent hygienic management. Let us hear more from the same intelligent source.—ED.

Dr. J. S. Horsley compares cocaine with eucaine (*Journal of Practical Medicine*). He says that eucaine produces pain lasting twenty seconds after the injection; anesthesia is more quickly produced; applied to the conjunctiva it anesthetizes without producing mydriasis or affecting the accommodation; and incisions made in tissues anesthetized by eucaine bleed more freely than when cocaine is employed. Cocaine anesthesia lasts a little longer.

#### PLACENTA PREVIA.

*Editor Alkaloidal Clinic* :—Having noticed an article in the March CLINIC, by Dr. Cecil, on the treatment of ante and post-partum hemorrhage, I would like to ask a few questions for information, not liking to employ a new method of treatment, such as he has described, until I am sure that there would be no danger of making bad matters worse.

(1.) We know that the entrance of air or gas into the blood-vessels is very apt to produce bad results. If carbon dioxide gas is generated in the uterine cavity by the introduction of chemicals, as directed by Dr. Cecil, might not some of it be forced into the open mouths of the uterine sinuses and carried thence to the heart?

(2.) If the fallopian tubes are patent, might not the gas, which is produced under high pressure, be forced through them into the peritoneal cavity, carrying with it septic matter which might be found in the genital tract, and produce a peritonitis?

I was called out one night to see a woman who was six months pregnant and had been having severe hemorrhages every time she would lie down, but which would cease on rising. She had been troubled thus for some two or three weeks. At the time I was sent for an unusually large amount of blood had been lost. I saw a chamber half full of clots and her bed was saturated. Her pulse was a mere flutter, respiration sighing, skin cool and blanched.

I immediately had her head lowered, and, as quickly as possible, introduced my hand into the vagina and ruptured the membranes. At the same time my other hand was employed in kneading the uterus to cause it to contract more firmly. By the time I had the os dilated to twice the size of a silver dollar, which was only a very few minutes; the womb firmly contracted down on the fetus, forcing its head firmly into the os, thus stopping all hemorrhage. In only a few minutes from this time the

fetus and placenta had both been expelled. Though very weak from loss of blood, my patient made a good and rapid recovery. I think my patient was safe before the solutions for generating carbon dioxide could possibly have been made and injected.

G. F. LEGRAND, M. D.

Graham, Texas.

—:O:—

Dr. LeGrand's queries are very pertinent, and have probably suggested themselves to all Dr. Cecil's readers.—Ed.

#### JAUNDICE.

*Editor Alkaloidal Clinic* :—I have recently treated a case of hepatogenous jaundice, about which I will say a few words to the alkaloidal family. The patient (a Swedish lady with two children) had gastric and duodenal catarrh. I gave her mild chloride and moved her bowels well with the syringe; followed this with quinine to eliminate malarial complication, as she had been living on the creek bottom; applied a sinapism to the epigastrium. Well, she got better; but her nurse, contrary to positive orders, gave her a gorge of stewed apples. In a short time that brought on severe vomiting; and when I saw her next mornings he was as yellow as an orange, nauseated, retching, exceedingly nervous, had hysteria, "jimjams!" Everything I gave her was promptly rejected by the rebellious stomach. She insisted that she would die, and urged me to quiet her if possible, so that she might "die easy!" I finally gave her a hypodermic of morphine, which did the work beautifully; then put her on morphine sulphate, gr. 1-16; bismuth subnitrate, gr. 10; every one to three hours. I kept the sinapism at work almost constantly. She became quiet, and in forty-eight hours her skin began to clear very perceptibly. In fact, the treatment did as well as any one could desire. I have always steered clear of all preparations of opium in jaundice; but I am now satisfied, that in

every case like mine, it is indicated for two reasons :

1. To control nervousness.

2. To control spasm of the bile-duct.

It might be said that hyoscyamine would serve the latter purpose; but when you have almost hystero-epilepsy, there is "no time to tarry." Of course a number of other remedies could be suggested, as gelseminine, strychnine and quassin, Saline Laxative, large draughts of hot water, succinate of soda, etc., and last, but possibly not least, infusion of wild cherry bark. My patient tried to drink that, but her stomach rejected it.

It may be that I am a crank touching the use of bismuth. I use it in all catarrhal troubles of the alimentary canal from the stomach to the rectum. For years I have used it with the best results in typhoid fever, and in the summer diarrhea of children. It has not disappointed me as a rule.

A few winters ago, I was practising in a neighborhood where there was considerable typhoid fever. A physician called my attention to salol; but as I had not tried it and thought it a bad plan "to swap horses in the middle of the river," I stuck to my bismuth. I had no reason to be dissatisfied with my treatment. In typhoid fever my object is to coat over the ulcers. If there is any hemorrhage I reduce food to minimum, raise the foot of the bed, apply cold to the abdomen and add opium and lead to the bismuth. I never abandon the bismuth for anything else, if I use anything else it is added. But I am not writing on typhoid fever now; however, I will add, that I never forget strychnine arseniate as a vital incitant—never!

I hope the brethren will make report of their experience with bismuth in the class of cases above referred to.

I have not been reading the CLINIC long (about six months); but I cannot see why Dr. Epstein would not benefit his readers if he would write like Coleman, Case,



Cuzner, Waugh and Thorne. His large experience given in his way in set articles, would certainly be very valuable.

Z. L. SLAVENS, M. D.

Preston, Mo.

—:O:—

Morphine was indicated in this case, for the reasons mentioned. Hyoscyamine, cicutine or glonoin, would have been useful as an adjuvant. Bismuth is one of the most reliable agents known to allay local irritability and inflammation. Salol is a valuable antiseptic, especially useful in catarrh or irritability of the bladder, when micro-organisms are present, as in catheter cases. As an intestinal antiseptic salol does not equal resorcin, the naphthols or the sulphocarbolates.—ED.

#### OUR WAR COVER.

*Editor Alkaloidal Clinic:*—Patriotism, the backbone of our national existence, the true genuine sentiment which inspires our most inward thoughts, has burst forth with an intensity that shakes our nation from center to circumference. Thus has the feeling of the American people fostered the sentiment of love of our country, that in both public and private life there is one long explosive expression of loyalty. Symbols of patriotism of almost every description show the feelings of the people.

The June number of the ALKALOIDAL CLINIC on its cover page, with the entwining of the American and Cuban flags, expresses a feeling that could scarcely be uttered in words. In neatness, beauty and appearance, it is *par excellence* and will be welcomed and prized by every CLINIC reader. The sentiment expressed on its cover deserves the support of every American doctor—especially so when they review the columns and find there its loyalty to the profession and the discussion of scientific medicine, such that we may profit by.

Long may the CLINIC prosper!

J. W. NIXON, M. D.

Soldier, Kansas.

#### NUCLEIN IN PHTHISIS.

*Editor Alkaloidal Clinic:*—My case of chronic malaria and phthisis has been treated by Nuclein (Aulde), two tablets every three hours; Bovinine, a tablespoonful every three hours; strychnine arseniate and glonoin, one granule of each every hour while awake, the latter for the cerebral anemia. One month ago she could not sit up for vertigo. She now sits up several hours daily, and walks a few steps. The cough and expectoration are much less, the resonance of the affected lung is quite fair, and she has gained one and a quarter pounds in ten days.

W. C. DERBY, M. D.

White Cloud, Mich.

#### TREPHINING.

*Editor Alkaloidal Clinic:*—Theoretically, trephining has been the universally accepted doctrine of the profession from time immemorial, but practically it has met with but little favor at the hands of the profession, as is conclusively demonstrated by the comparatively small number who have survived the operation. Dr. Bryant and others of eminent authority in their splendid works on surgery, give many discouraging and unsatisfactory reports of trephining.

Observation and experience, however, show that it is growing in favor with the surgical world in more recent years. When a boy, I frequently heard it remarked that neighbor A had a silver or gold plate in his cranium, placed there for protection of the brain after removal of certain portions of the cranial bone; but I always denounced it as traditional fogysm until it was my privilege to see Mr. E. W., who had an opening in the top of his head (at the junction of the frontal and parietal bones) about as large as a silver half-dollar. The slightest pressure on the skin over the portion of the cranial bone removed would cause him, as he expressed it,

to "faint" immediately. Therefore I was impressed with the idea that Mr. E. W. would have been permanently benefited by a metal plate.

However, at that time I had never seen anything of surgical authority to establish this view. Hence I offer the following as my experience in trephining, thinking perhaps it will be of interest to the profession.

In June, 1891, J. W., colored, age seventeen, received a blow on the head over the left parietal bone, causing compression of the brain. The bone was shattered in one place, caused by a small projection on the cudgel with which he had been struck. The fracture extended anteriorly to the frontal bone on the left side, and likewise anteriorly to the frontal bone on the right side, in the direction of the outer canthus of the right eye. Posteriorly the fracture extended about one inch down the occipital bone on the left side and about the same distance on the right side. So severe was the blow dealt the victim that the projection on the stick penetrated the cranium and membranes surrounding the brain, thus causing the effusion of considerable blood and the protrusion of about one tablespoonful of brains, which were in such a state that I cut them off when I trephined.

When called to see the patient about two hours after receiving the wound, I found him in a state of unconsciousness. Having no assistance (about 10 p. m.) and at the same time realizing the seriousness of the case, I deferred the operation until the following morning.

Contrary to expectation the morrow brought no aid. Seeing that something must be done at once, with the help of a few neighbors I proceeded to prepare for the operation. I ordered hot-water, prepared instruments, made a paper cone, placed the patient on a table and proceeded to administer chloroform.

After I had gotten him fairly well under the influence of the anesthetic, and appre-

hending no further danger, I turned over this portion of the work to a neighbor standing by. After preparing the head and taking other little necessary precautions, I made a bold incision over the part affected and found the cranium in a worse condition than I had expected. The punctured portion of the bone was too small to introduce my elevator and hence trephining was an absolute necessity.

The thought occurred to me while trephining, how subject the brain was to external injuries should osseous formation fail to fill the cavity produced by trephining. I at once conceived the idea that a metal plate placed over the punctured and trephined parts would afford ample protection. In pursuance of this idea I at once prepared a quarter of a dollar by immersing it in boiling water for a few minutes. Having gotten everything in readiness I raised the compressed bone and placed the silver over the punctured and trephined part. This being done the scalp was sutured and dressed as nearly antiseptically as possible under the many adverse circumstances.

The operation proved to be successful in the extreme. The wound healed without any pus formation, and in two weeks the young man was at my home apparently hale and hearty. In less than four weeks after he was first injured he again received a severe blow by accident, in the same place; but the healing seemed to have been so thoroughly done that the blow affected that portion no more than it would have affected any other part. Was not the silver a protection, and did it not prove beneficial in this case?

Perhaps it will not be out of place to state that after raising the compressed bone and placing the metallic plate over the parts removed, the patient spoke in an angry tone, commanding B not to hit him with that stick, thus showing how quickly he regained consciousness after elevating the compression. He never seemed to suffer

during the healing of the wound. Seven years have elapsed since then and during that period he has never manifested the slightest indication of pain, annoyance or inconvenience. If any others have tried the metal plate with like success I would be pleased to hear from them, either by private communication or through the columns of the CLINIC.

D. THOMAS, M. D.

Old Town, Tenn.

#### SUMMER COMPLAINT.

*Editor Alkaloidal Clinic:*—I feel impelled to accept the general invitation, extended in your June number, to write and give my method of treating summer complaint, even though I am not a subscriber.

Ever since I have been in practice I have very successfully combated this condition, when taken in the early stages, by the administration of about one-half or one grain of the following trituration: Subnitrate of bismuth, three ounces; Lactopeptin, three ounces; gray powder, one-half ounce; trit. of chamomilla, two ounces (strength, one-tenth of green drug.)

I have known this compound to control some of the most obstinate cases. It not only checks the alvine discharges, but allays the vomiting as well. In fact, when the trituration is thorough and intimate, I can truthfully say that I have never known it to fail.

The efficacy depends upon the faithfulness of the trituration; and to insure its being made correctly I have been in the habit of making it myself.

When this medicine is administered I have not, in all cases, found it necessary to withhold milk even temporarily. In the few cases where I have deemed this course advisable I have found a mixture of albumen and barley water to do nicely.

At the expense of the semblance of commercialism, which you so much deprecate

in your editorial in the last issue, I wish to say that I have recently very successfully used a quite similar combination in the shape of a commercial food, viz., Eskay's Albumenized Food, which contains egg-albumen in combination with cereals as a base. In some cases of gastro-enteric troubles I have found this, without medicine, to be all that is necessary. Besides the nutritive properties of the albumen it certainly possesses valuable antiphlogistic properties.

I rarely find it necessary to resort to other methods than these in treating summer diarrhea.

C. W. SIMMONS, M. D.

Philadelphia, Pa.

#### PLACENTA PREVIA. IMPERFORATE ANUS. GAS IN VAGINA.

*To the Clinic family, greeting:*—My CLINIC is most welcome and I gain very much from the perusal of its pages. I have a small note of a case of placenta previa that may interest the fraternity.

Mrs. L., aged forty, multipara. I found the patient in bed, with saturation of her garments with blood and a washbowl full of cloths.

The placenta was almost centrally located over the os internum. As soon as dilation of the os would permit, I introduced my hand in the uterus and grasped the feet, bringing them down and delivering the child in twenty-five minutes. The infant seemed to be completely exsanguinated, and all efforts to resuscitate it proved of no avail. The mother, however, had an uneventful recovery.

In a case of imperforate anus the atresia was confined to the anus, only the integument and rectal mucosa obstructing the orifice. This I soon made patent with a small curved bistoury, twenty-four hours after the birth of the infant, which was otherwise perfectly normal.

Dr. Lytle reports a case of gas in the vagina (May CLINIC). I have known sev-

eral cases of lacerated perineum where air entered the vagina freely when the lady would stoop over, and on resuming the upright position the air would be expelled noisily, much to the chagrin of the patient. I would suggest the surgical repair of the perineal laceration as radical treatment, and otherwise astringent local applications to the vagina after hot water irrigation by Emmet's method; also exercise of the thoracic muscles, particularly the diaphragm, with a view of improving the tone of the pelvic muscles, which constitute an accessory diaphragm.

I am very much pleased with the granules and consider Alkalometry a great advance in scientific medication.

E. W. STEVENS, M. D.

Lewiston, Idaho.

#### LARYNGEAL SPASM.

*Editor Alkaloidal Clinic* :—I wrote you in regard to a case of brain trouble, probably, cerebral tumor with continuous slow pulse, vomiting and headache of long standing. Our Prof. Waugh advised the use of iodide of sodium. This I followed out, giving it in combination with stillingia compound, quassia and capsicum; and I have much pleasure in saying that the patient fully recovered, with the exception of the pulse not being quite up to the normal rate yet. He has no vomiting, but little headache and is able to work hard every day.

I like creolin much better than carbolic acid. I have never seen the least bad effect in any way from creolin, in full strength or its dilutions in water. At times it will cause a little smarting, especially in certain uterine cases; but as a good, reliable all-round antiseptic and disinfectant, and in eczema, itching, wounds, ulcers and vaginal douches, I like it better than anything I have used; besides it is free from poisonous properties. In a case of mumps with more than usual swelling that caused me

some fear for the result, I used a cloth moistened with solution of creolin over the parts, with immediate beneficial results.

I have another peculiar and rather rare case of disease on my hands for the last few months, which does not respond to treatment.

A young man, twenty-five years old, otherwise in good health, for many years has been troubled with enlarged tonsils, which upon taking slight cold made it difficult for him to swallow food. He has had the tonsils removed, been under treatment by several doctors and specialists, went out to Colorado to try the climate, but to little purpose. He now suffers much from laryngeal spasm. It comes on suddenly in the night and he thinks he will surely die. He starts up gasping for air with eyes dilated, then the spasm relaxes and gradually passes off but leaves him weak and badly scared. Lately under treatment he has had no night attacks, sleeping soundly all night; but after going out to work in the morning on the farm in a few hours he begins to get weak and cannot get a normal inspiration; his breathing becomes short and gasping, and he feels the spasm affecting his larynx as though some one was grasping it tightly. If he quits his work and sits down, gradually it gives way but does not fully pass off at any time. The feeling of spasm is always there to a greater or less extent. He has a sister suffering with asthma and another with thyroid enlargement. He eats well, sleeps well, heart is good and is a well-built, tall young man.

THOS. D. HULME, M. D.

Commerce, Iowa.

—:O:—

Reduce the spasmodic tendency by giving strychnine arseniate and hyoscyamine, a granule each every hour till effect, regulating the bowels and directing a limited diet. The throat should be examined by a specialist. This is all I feel warranted in recommending, but our readers may do better.—ED.

# **CONDENSED QUERIES ANSWERED**

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the Clinic family.

*Query 139.* A YEAR ago I had a tooth extracted in four pieces. I waited several months, and it never healed; then a lady dentist took out two more pieces. She then undertook to syringe it and the water went up and came out of my nose. I have no pain, but there is a very offensive discharge from the right nostril and through the socket. There is no soreness or pain. Do you think there is an abscess of the antrum? What would you advise me to do with it?

E. A. M., Kans.

It looks like it. Syringe with peroxide, as strong as you can bear without smarting, and take calcium sulphide.—Ed.

*Query 140.* WOMAN, thirty-five, eight children and many abortions; complains of nervous trembling in back, which is weak and aching, with pains simulating labor; cold feet, hands and sweating; nausea; tenderness in both iliac regions; uterus nearly always painful; cannot bear clothes tight; pain and bloating after eating; menses irregular, flow scanty but lasts three weeks, sometimes the pain keeping her in bed; weakness, headache, vertigo and fainting; morning cough with thick, white or yellow sputa; lost twelve pounds in six weeks; bowels too loose in mornings.

J. T. M., Georgia.

Send the woman anywhere under God's heaven, provided it is too far away from her husband for him to see her. Then see what's the matter with her uterus and treat it. You will find subinvolution and probably a lacerated cervix, prolapsus, perineum lost, leucorrhea, hemorrhoids, etc. You also have gastric catarrh to treat, for which give the W-A Intestinal Antiseptic tablets with the compound rhubarb tablets, as these will clear the bowels, start up healthy secretion and check the tendency to morning diarrhea. Look out for this; it often means serious rectal disease, ulcer or worse. Battey used to treat these cases by filling the vagina with clay—an excellent

measure when the patient must remain at her home. This, with some such general tonic as Hagee's cordial or Wampole's cod-liver oil solution, and careful dieting, is as far as we can go without personally examining the patient; only that such a case must need Nuclein, with such a history.—Ed.

*Query 141.* FARMER, forty-five; excessive tobacco user; insomniac; was seized with palpitation and embarrassed breathing, lasting two hours. The paroxysm recurs when he uses tobacco, or on any excitement. There is no pain. He cannot sleep without narcotics, whiskey, or a "Lapactic" pill. Digestion bad; fulness after eating, bowels sluggish; fermentation and belching; appetite fair; headache in occiput after eating. No organic heart-disease has been detected. His father died of heart-disease.

J. B., Virginia.

Nicotine poisoning and auto-intoxication. Aside from his tobacco symptoms, those you describe are probably due to two different though analogous conditions—auto-intoxication and lithemia. Interdict coffee, tea and tobacco in all forms. Send to the Standard Chemical Co., Ltd., 1016 Cherry St., Philadelphia, for Cocabola for the man to chew. This has a stimulating tonic effect, and helps him to do without the tobacco.

For the auto-intoxication, clean the bowels out well at the start and keep them so. Administer six Anticonstipation granules four times a day, calling in the assistance of enemata of warm soapsuds if necessary. Have the man take the first thing in the morning on arising two heaping teaspoonfuls of Saline Laxative in a glass of water, taken just as the effervescence ceases. In addition administer one or two W-A Intestinal Antiseptic tablets



every two hours. Under this treatment the fermentation will cease, eructations will disappear and the fulness in the stomach with them. Have the man take before meals a strychnine arseniate granule, gr. 1-30 and two quinine arseniate granules, gr. 1-6 after meals; iron arseniate, gr. 1-6, and two drops Nuclein solution.

Lithemia results from incomplete digestion. The digestion, instead of going on until complete to the formation of urea, stops short at uric acid. For this, diet is the best thing; the interdiction of all meat being indicated. Allow milk, eggs, fruits, vegetables, entire wheat bread a day old, some good form of breakfast food, three pints of water a day and no more. In addition, the heart, if there be no organic lesion, needs exercise and hard work, not rest. Have the man take two hours' exercise in the open air each day, sufficiently violent to produce free perspiration. If he were able to run it would be a good thing for him to go at a dog-trot three miles every day, then come home and take a cold sponge bath. Twice a week, he should take a hot bath at bed-time, ending up with cold water. As soon as possible, get away from alcohol and narcotics. Alcohol is but a poison at best.

Let us know how you succeed in this case.—ED.

*Query 142.* SICK HEADACHE.—Wife, thirty-two; five pregnancies in nine years; health good; periodic headaches since puberty, induced by emotion, fatigue, change of scene or almost anything; worst after menses; stomach symptoms; uricemia, cold hands and feet; paroxysms occur with dizziness, blurred vision; thick tongue; no relief from vomiting; lasting twenty-four hours; not affected by season, environment, pregnancy, etc.

J. R. O., North Carolina.

Easy, with a big "If." Auto-toxemia of the uric acid variety, the migraine habitual. Enforce a pretty strict abstinence from animal food, including cheese, as well as dried beans and peas. Keep the bowels regular by means of the Anticonstipation granules, and give six W-A Intestinal Antiseptics daily whenever the stools are at

all offensive. To break up the habit, give strychnine arseniate, gr. 1-30; quinine arseniate, gr. 1-6; zinc phosphide, gr. 1-12, four times a day for ten days, then omit the zinc and continue the arseniates, adding iodoform, one grain, to each dose, for one to three months more. When the paroxysm occurs, give a hot mustard foot bath, a cup of hot ginger tea with a scruple of chloral hydrate, and put her in bed with a hot water bottle at her feet. She will sleep two hours and awake free from headache, when she should at once take an Intestinal Antiseptic, with a teaspoonful of Saline Laxative every hour till the bowels move freely. Avoid any known exciting cause of the headache; let her wear wool on the Jæger system; use hot salt or plain cold baths every day, and obey the laws of hygiene. If she will follow these rules you can promise a cure in three months. But no candy, no nibbling between meals, no washing food down without chewing, no parties with thin clothes, paper-soled slippers, etc., no indulgences in forbidden food.—ED.

*Query 143.* MAN, sixty-four; pulmonary trouble seven years, following influenza; chest-walls retracted; cough and sputa like consumptives; much emaciated, in bed for six weeks. Would Nuclein help him?  
R. W. S., Texas.

Pretty tough case; but that's what Nuclein (Aulde) is designed for. Give seven drops once a day, hypodermically, diluted with water enough to fill the syringe. If you can send our laboratory some sputum we will see what micro-organisms are present and then we can advise specific treatment. Don't forget to send \$2.00 to pay the pathologist, who "has it in for me" when I forget to say so. Meanwhile you won't go far wrong to put the man on Wampole's or Hagee's cod-liver oil preparation, and to keep his bowels empty and clean. Feed up with milk, eggs, raw beef, Bovinine, and a little good wine or whiskey.—ED.

*Query 144.* GIRL, sixteen; fat; slight cough; scanty menses; family history of tuberculosis.

J. H., Tennessee.

Do not try to increase the flow directly but stimulate the vital functions. Give her Nuclein (Aulde) one granule; iron arseniate, gr. 1-67; zinc phosphide, gr. 1-67; and sanguinarine, gr. 1-67, every hour for eight doses, each day. Do this for the week she is menstruating, and continue without the zinc, for the rest of the month. Keep the bowels regular and clean. Give also calcium lactophosphate, one grain, with each dose. Try for three months and report.

*Query 145.* I HAVE an obstinate case of tape-worm; succeeded in getting fifteen or twenty feet, but can't get the head.

E. K. W., W. Va.

Ethereal extract of male fern, two drams; chloroform, one dram; croton oil, four drops; castor oil, to make two ounces. Give half of this, fasting, early in the morning, and repeat in two or three hours, if results do not follow. This for an adult, children in proportion. Children require proportionately somewhat larger doses.

Try and report.—ED.

*Query 146.* WOMAN twenty-eight, married, delicate; health below par for three years from mucous colitis, with fermentative bowel trouble; but now improved; thin; variable appetite, little vital force; burning and smarting with tenesmus when urine is voided and some time after. This arose soon after marriage, and has persisted with intervals of relief since. For two months it has annoyed her constantly; urine normal, no blood, pus or discharge of any kind from bladder; on introducing a soft catheter it gives pain at neck of bladder.

S. S., Ind. Ter.

For mucous colitis, absolute rest in bed with absolute milk diet succeed where everything else fails. This is the *dernier ressort*. The W-A Intestinal Antiseptics produce an excellent effect, with nuclein, tonics and hydrotherapy. The arseniates of strychnine and quinine before meals, with iron arseniate after meals, are always in order; a hot bath twice a week or oftener, at bedtime, gradually cooled until cold before the patient leaves the bath; a

cold bath every morning; massage at the start and the Swedish movements later are well added.

The first symptom of prolapse of the uterus is the dragging on the bladder and frequency of painful urination. Think also of urethral caruncle, fissure, ulcer, gonorrhea, etc. Employ a urethral speculum or give an anesthetic and dilate the urethra, and ascertain whether the urine contains an excessive amount of uric or oxalic acid. This trouble frequently results from constipation and auto-intoxication. We have obtained good results from the cold sound left in urethra until warm.

For many cases besides the gonorrheal, thorough washing of vulva and vagina with chlorinated soda solution is useful. Render the urine bland with hyoscyamine and lithium benzoate. If there is prolapse, vaginal tamponage or a pessary will give relief. Administer Buckley's Uterine Tonic to give tone to the uterus and appendages, and do not forget the comfort which a hot vaginal douche will give to any portion of the pelvis. Salol, five grains four times a day, gives relief if the urine contains bacteria. If oxalates are abundant, give nitric acid.—ED.

*Query 147.* WIFE, forty-eight; sick headache from early life, once or twice a month; beginning of menopause; slight prolapsus uteri, leucorrhoea and endometritis; bowels regular, appetite good, likewise digestion; paroxysms now every eight days, with cold at vertex; nausea, pain in head, replacing the cold; lasts one or two days.

Is the cause of these attacks the same?

A. C. B., N. Carolina.

Migraine is a habit neurosis—first set up by some one out of many conditions but later excited by any cause of depression. It is my custom to first examine the eyes, nose ears and throat, then along the course of the affected nerve, and then look for causes of reflex irritation in the rectum and the genito-urinary apparatus. Make a minute examination of all the functions and cure whatever you find amiss, no matter how trifling. We may remove the original cause of the malady and it will persist from

habit. This may be broken up by a course of zinc phosphide, gr. 1-12; strychnine arseniate, gr. 1-30; quinine sulphate, gr. 2, and capsicin, gr. 1-12, four times a day for a week; then drop the phosphide and continue the rest for a month. But many of these attacks have been shown to depend on constipation and auto-toxemia, or uricemia, so that the regulation of the bowels and the diet, and the use of antiseptics is the most rational treatment in many cases. To relieve the paroxysm, you can give a scruple of chloral hydrate, a warm foot-bath and a bowl of hot tea, and put the patient to bed with a hot water bottle to the feet. Or, give a granule of iodoform and one of croton-chloral every five minutes, one of aconitine and one of hyoscyamine every half to one hour, plus the foot bath and a full dose of Saline Laxative.—ED.

*Query 148.* CAN YOU furnish a formula for gly-cero-phosphate of lime recommended in neurasthenia?

SUBSCRIBER.

This salt is furnished by Schering & Glatz, New York.—ED.

*Query 149.* BOY of thirteen, high fever three days; bilious, in spite of the Defervescent granules and zinc sulphocarbolate, gr. 1-3, every half-hour; fever rose to 102° or 103.5° daily. A change to quinine, acetanilid and calomel was followed by improvement. What was the matter with the granules?

J. L. C., Texas.

Nothing whatever. You omitted to begin upon the biliousness. You should have cleared the bowels by calomel, gr. 1-67, and Saline Laxative, a teaspoonful, every hour until the alimentary canal was empty. Then your Defervescents would have cleared up the fever, especially if you had given the sulphocarbolate (of soda best here) in proper doses; say, gr. 2 1-2 every hour. This drug acts directly on the contents of the bowels, not upon the bodily functions; and it takes as much to disinfect a pound of decomposing excreta in a child as it does in a man. The sulphocarbolate of soda is harmless, and may be given to any extent. If your case were born of

malaria, he needed quinine arseniate also, gr. 1-67, every hour or two. But no form of fever can be successfully treated when biliousness is present, if that be not first attended to.—ED.

*Query 150.* MRS. R., twenty-six, five years married; healthy looking mother of two children; pulse, temperature, bowels, urine, and skin action normal. Affected with glossitis dissecans nearly four years. I cannot help the case without ascertaining the cause; and this is my reason for troubling you, as aside from the tongue she is a picture of health. The tongue is swollen to an appreciable extent, is fissured, and at times covered with a silvery white thin film, which appears to break and come off in small pieces just like water blisters; sometimes the tongue is painful and sore, and at others the reverse. The rest of the mouth, throat and nostrils are perfectly clean and healthy, also teeth are sound. Can this condition be an obscure uterine reflex?

E. A., Kansas.

Neither the cause nor the means of curing glossitis dissecans is known to the editor.—ED.

*Query 151.* WOMAN, twenty-eight, delicate, for four years red spots appeared on thighs, spread, turned blue or black, then greenish-yellow, like bruises. The spots then appeared on the arms, became general, and the joints inflamed. Under treatment for eczema the spots disappeared, but a week ago others came above the right knee, spreading to the hips, then on the left leg. The joints are not yet affected. There is no rheumatic tendency.

RUPERT, Texas.

This is a form of purpura hemorrhagica I do not recollect having met with. Schönlein's and Henoch's purpuras have the joint ails; but these precede the purpura, and both are acute affections. The absence of mucous hemorrhage is also notable.

For treatment, I would recommend the free use of fresh fruit juices; good hygiene, personal and domestic; the internal use of hydrastinine, six to ten granules daily, and the local application of hamamelis. If hemorrhages persist, give a drop of oil of eucalyptus every hour while awake, and apply four per cent cocaine solution to the bleeding points in reach.—ED.

*Query 152.* INDIGESTION AND DIARRHEA.—MRS. A., age forty-five, had severe pains from the stomach, reflecting over the entire body; much tenderness in the epigastric region; feet and legs cold and covered with a clammy perspiration; the pulse feeble and slow; during the previous day

and that night she had had ten movements of the bowels—very thin, yellow, and of foul odor, leaving her faint and helpless. The hands and feet felt numb and there was a peculiar tingling sensation about the mouth. Four years ago she had lagrippe, during the following year a second attack left her with a diarrhea, which has resisted the treatment of seven physicians of all schools. I succeeded in relieving the immediate distressing symptoms, but the diarrhea will not yield. I diagnosed the case as one of intestinal indigestion and have treated as such. Kindly give me advice.

G. A. J., Mass.

You are right in your diagnosis, but possibly your treatment may be made more efficient. Use one each of the zinc and codeine and Intestinal Antiseptic tablets every two hours, combining therewith one granule of strychnine arseniate, gr. 1-134, until the pulse gets firm and hard. Keep largely on a meat diet and give pancreatin and sodium bicarbonate in good doses, two or three hours after eating. With this you ought to cure the case.—ED.

*Query 153.* NASAL catarrh for five years. Nose discharges much thick, viscid mucus every day the year through. Breathing or hearing not impaired; hawking, and nausea if swallowed. Have used sprays of Seiler's tablets, iron, arsenic and strychnine, but never noted the slightest improvement.

J. F. E., New York.

Use Cottingham's nasal irrigator, and go on a vegetarian diet.—ED.

*Query 154.* FACIAL paralysis in a woman, forty-six, passing climacteric; bowels regular, health good; suffers slightly with nervousness and hot flushes. What constitutional treatment would you give? Shall I add nuclein?

W. C. D., Mich.

Add Nuclein (Aulde) and strychnine arseniate. If the paralysis is due to a central lesion there is not much hope for improvement. If functional and simply the accompaniment of the menopause, hydrotherapy offers more hope of improvement than anything else, and this in the form of hot and cold baths, because of their effect on the vaso-motor system. A good many times a good many symptoms we think due to the menopause alone are really the result of the absorption of toxins from the intestinal canal.—ED.

*Query 155.* A GIRL, seven months old, from birth has had a skin disease, red bumps with clear serum, mostly on head and face, but sometimes covering the entire body; has resisted all treatment.

Man, forty-six; had eczema for four months, and for three weeks has had boils from buttocks to knees; also has a cicatrix from small pox which has itched and troubled him at times for ten years, and is now open and bleeding.

J. R. R., Ark.

You do not say whether the eruption is large or small, disseminated or close together, whether serum is discharged or not, whether there is itching or not, whether scabs form or not, whether skin in the neighborhood of the "bumps" is inflamed and hot or otherwise. The first thing one would think of would be eczema. If this be the condition, the treatment would depend upon whether acute, subacute or chronic. If acute, the soothing applications are all that are necessary, such as zinc oxide ointment or a soft dusting powder, as borated talcum. If the stage be subacute, more stimulation would be necessary, and you could apply a powder containing boric acid or a little salicylic acid; or use five per cent calomel ointment or an ointment containing one per cent of ichthyol.

This might be pemphigus. Are you sure that the child has not congenital syphilis? In fact, there are a number of conditions which might be existing here. It is difficult at best to diagnose a skin disease at a distance from a simple description.

When a crop of boils occurs, there are several things to think of. Chief among these are diabetes and systemic poisoning. Sometimes, when the system is full of poison absorbed from the intestinal tract, Nature does her best to get rid of this and calls on the skin for assistance. In this way many a crop of boils arises. Boils frequently accompany glycosuria, and it is well in such cases to examine the urine for sugar. Have you included syphilis in this case? Your idea for treatment, which includes calcium sulphide and Nuclein, is correct for both these cases and especially

the latter. In Case 2, administer one granule, gr. 1-6, six times a day at the start, increasing it if necessary up to twenty-four in the twenty-four hours. Administer two drops of Nuclein solution four times a day.

Do not forget in these cases of skin diseases that some internal trouble is frequently at the root of the matter, and that general treatment is very necessary.—ED.

*Query 156.* HOUSE-PAINTER has rheumatism of wrist. For awhile was only painful an hour or so every morning until he got warmed up, but has gradually grown worse until now he can't use the arm at all. He has worked steadily for past eighteen months. I am giving him increasing doses of iodide of potassium and granules of lithium benzoate, twelve daily. Will you please advise me as to best treatment.

C. L. S., Texas.

Have him stop work and apply a plaster cast to the wrist and fore-arm. Continue the iodide and lithium benzoate and add colchicine and rhus tox. Consider the possibility of lead poisoning.—ED.

*Query 157.* MALE, thirty-three years of age; good appetite and health, excepting present trouble. Eighteen years ago he strained himself lifting. Frequency of urination followed and has continued; urinates frequently during the day and from five to twenty times a night; great tenesmus at times and passing of blood; prostate considerably enlarged and tender; has piles which come down at stool. Examination of urine as follows; specific gravity 1022, feebly acid, full of bacteria, ammoniacal, many pus cells, and some bladder epithelium; triple phosphates and amorphous urates present. He also had gonorrhea nine years ago, which did not increase the trouble. For some time he has been taking a teaspoonful of laudanum daily to control the tenesmus.

F. L. V., Texas.

Administer atropine, gr. 1-250, every three hours, or just enough to control the spasms and distress. Give together, two strychnine arseniate granules, gr. 1-134; also calcium sulphide, one granule, gr. 1-8, every three hours. Four times a day, administer nuclein solution and some form of saw palmetto.

Irrigate the bladder thoroughly with four per cent solution of boric acid, Thiersch's solution (which consists of boric acid, one part; salicylic acid, five parts; water, five hundred parts), or 1-400 solution of permanganate of potassium in sterilized water.

Use this three times a day. Begin with the boric acid solution, change in a few days to Thiersch's, and then employ the permanganate of potassium over an extended period.

For the pain, distress and tenesmus, nothing is better than a good hot sitz bath, taken at bed-time. Twice a week at bed-time the man should take a hot bath, beginning with the water warm, increasing the temperature until it is as hot as he can stand, soaking in this for about ten or fifteen minutes, then turning off the hot water and turning on the cold, thus rapidly cooling the bath down until it is uncomfortably cold. This should be followed by a brisk rubbing. This regulates the circulation and relieves the congestion in the pelvis; is a wonderful tonic and sedative to the nervous system; it permits sleep and helps one to break away from the opium. Operate for the hemorrhoids, tying them off with cat-gut, or remove with cautery if you prefer.

Your case will not get well, perhaps not even improve, until the hemorrhoids are removed. Having gotten the bladder aseptic and the urine acid with the benzoate, you can turn your particular attention to the prostate gland and learn whether operation is required for it. We trust not, feeling confident that the treatment recommended, if faithfully carried out, will produce great improvement.—ED.

*Query 158.* Man, age thirty-four, temperature 103° F., no pain. Two weeks before he had had pain in the right breast from a strain. Quinine and coal tars had no good effect. Warburg's tincture brought the fever down to 99° F., but it has gone up again to 104° F. He has cough and free expectoration, but no pain or soreness in the chest. What causes the fever, and what is the treatment?

A. N. T., Georgia.

It looks like pleurisy, or rather empyema. If so, you'll have to operate. Meanwhile, keep up the sulphocarbolate in full doses, with strychnine arseniate or the Dosimetric Triade and Nuclein (Aulde), ten drops daily, with hot mush jackets.—ED.